1) SCDDSN Finance Team is expected to respond to emails or voice mails within 48 hours (2 business days). Response may be simply that your email was received and we will need to follow up. We will not always have a ready answer for your questions. Inquiries pending answers will be tracked to ensure you get an answer as soon as possible.

2) Shared mailboxes are established to make it easier to communicate with SCDDSN. Some of the benefits of the shared mailboxes include:
   a. Improves communication when many-to-one or one-to-many conversations are needed. Relevant parties are included in conversations automatically.
   b. Single point of contact for everyone outside DDSN so that you don't need to keep up with names, email addresses, and knowing who you need to contact.
   c. Brings transparency and visibility to the communications since several people are included in all conversations.
   d. Improves responsiveness and productivity. Many team members are aware of the conversation and can chime in. Emails are not having to be forwarded to various team members.
   e. Conversations are easier to track.
   f. Workload is balanced amongst team members.
   g. Team members added at a later date have full history of conversations.

3) Shared mailboxes (more will be established) and their purpose:
   a. contracts@ddsn.sc.gov – this email address is used to inquire about any contract or contract amendment. If you have a question about the status of an amendment, have a question about contents of an amendment, need a copy of a contract or amendment, etc.
   b. financial.reports@ddsn.sc.gov – this email address will be used to submit quarterly financial reports when we get that process started. Also, year-end reports will be submitted to this email address.
   c. financial.techsupport@ddsn.sc.gov – this email address will be used if you have a need for technical assistance. For example, if you have an accounting question, if you have a question about a directive, if you have a question about a procedure or practice, etc.
   d. funding.request@ddsn.sc.gov – this email address will be used to submit outlier and band change requests.

4) Key contacts
   a. Debbie Wilson debra.wilson@ddsn.sc.gov – Contracts and settlements
   b. Kelley Anderson kanderson@ddsn.sc.gov – Finance Director
   c. Debra Leopard dleopard@ddsn.sc.gov – Contracts and amendments
   d. Diane Welsch diane.welsch@ddsn.sc.gov – Payment schedules, settlements, and recoupments
   e. Andrew Tharin atharin@ddsn.sc.gov – State owned community operated facility repairs and maintenance
   f. Candis Golston candis.golston@ddsn.sc.gov – Procurement
   g. Vicki Wilkes vwilkes@ddsn.sc.gov – Community capital projects, property sales
   h. LaKenya Craig lcraig@ddsn.sc.gov – SURB payment of assistive tech, mods, credit reports

5) Therap SCOMM available for encrypted communications

6) SPM – make sure you are signed up

7) Finance and Audit Resources page on SCDDSN website

8) Executive Memos repository on SCDDSN website

9) DocuSign for contract executiion

10) YouTube Channel

11) Skype meeting offerings

DDSN Official Directives and Policies
Listed by Reference Number

REFERENCE NUMBER	TITLE OF DOCUMENT
100-01-DD	Electronic Communications System
100-02-DD	Implementation Procedures for the Internal Communications System
100-04-DD	Use of Adaptive Behavior Scales
100-05-DD	Endorsement of Solicitation Proposals and Projects
100-06-DD	Contacts with Agency Heads of Other State Departments, Constitutional Offices and Certain State Government Executives
100-07-DD	Naming of Facilities, Building Dedications and Groundbreakings
100-08-DD	State Director's Absence from Office
100-09-DD	Critical Incident Reporting
100-10-DD	Consumer Elopement
100-11-DD	Absence with Leave of District Director or Facility Administrator from Duty Station
100-12-DD	AIDS Policy
100-17-DD	Family Involvement
100-21-DD	Adverse Operational Events
100-25-DD	Disaster Preparedness Plan for DDSN and Other DDSN Providers of Services to Persons with Disabilities and Special Needs
100-26-DD	Risk Management Program
100-27-DD	Dual Relationships
100-28-DD	Quality Management
100-29-DD	Medication Error/Event Reporting
100-30-DD	Eligibility Determination
101-02-DD	Preventing and Responding to Suicidal Behavior
101-03-DD	Procedures for Providing Genetic Services in DDSN Regional Facilities
103-01-DD	Federal Grant Application and Change Policy
104-01-DD	Certification and Licensure of DDSN Residential and Day Facilities
104-02-DD	ICF/IID Conversion Protocol
104-03-DD	DDSN Contract Compliance/Quality Assurance Reviews for Non-ICF/IID Programs
133-01-DD	Media and Publication Policies
133-02-DD	Freedom of Information (FOIA) Requests
167-01-DD	Appeal Procedure for Facilities Licensed or Certified by DDSN
167-06-DD	Confidentiality of Personal Information

As of January 2020

367-02-DD	Acquiring Information Technology (IT) Products and Services
367-08-DD	Central Office Telephone Call Coverage Backup Policy
367-09-DD	Acceptable use of Network Services and the Internet
367-11-DD	Telephone Policy
367-12-DD	Service Provider Data Protection
367-13-DD	Electronic Signature Policy
367-14-DD	Email Retention Policy
367-15-DD	Mobile Device Security Policy
367-16-DD	Removable Media Security Policy
367-17-DD	Human Resource and Security Awareness Policy
367-18-DD	Information Security Policy - Access Control
367-19-DD	Physical Access and Environmental Security Policy
367-20-DD	Portable Computing Devises
367-21-DD	Data Protection and Privacy Policy
367-22-DD	Information Security Policy - Asset Management
367-23-DD	Information Security Policy Information Systems - Acquisitions, Development, and Maintenance
367-24-DD	Information Security Policy - IT Compliance
367-25-DD	Information Security Policy - IT Risk Strategy
367-26-DD	Information Security Policy - Risk Management
367-27-DD	Information Security Policy - Threat and Vulnerability Management
367-28-DD	Information Security Policy - Business Continuity Management
367-29-DD	Information Security Program Master Policy
367-30-DD	Wireless Network Policy for Consumer and Guest Internet Access
368-01-DD	Individual Service Delivery Records Management
400-01-DD	State Service Award Program
400-07-DD	Temporary Positions and Temporary Employees
400-08-DD	Establishing and Filling Personnel Positions
400-21-DD	Educational Credentials
401-01-DD	Shift Differential Policy
402-01-DD	Employee Performance Management System Policy
403-01-DD	DDSN Employee of the Year
405-01-DD	Employee Grievance Procedure
406-03-DD	Reduction-In-Force Policy
406-04-DD	Criminal Record Checks and Reference Checks of Direct Caregivers
407-01-DD	Departmental Affirmative Action Plan for Equal Employment
413-01-DD	Standards of Disciplinary Action
413-02-DD	Off-Duty Conduct
413-03-DD	Code of Conduct
413-04-DD	Social Media Usage
413-05-DD	Work Hours Policy and Procedure
413-06-DD	Dress Code Policy
413-07-DD	Leave Transfer Pool

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414-01-DD	Fair Labor Standards Act
418-01-DD	Teri and Retiree Employment
418-02-DD	Separation from Employment
502-01-DD	Admissions/Discharge of Individuals to/from DDSN Funded Community Residential Setting
502-04-DD	Short-Term Admission Services in a DDSN Regional Center or Community ICF/IID
502-05-DD	DDSN Waiting Lists
502-10-DD	Transition of Individuals from Regional Centers to Community
502-11-DD	Permission to Evaluate and Service Agreement
503-01-DD	Individuals Involved with Criminal Justice System
505-02-DD	Death or Impending Death of Persons Receiving Services from DDSN
508-01-DD	Competency to Stand Trial Evaluations
510-01-DD	Supervision of People Receiving Services
533-02-DD	Sexual Assault Prevention, and Incident Procedure Follow-Up
534-02-DD	Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contracted Provider Agency
534-03-DD	The Long Term Care Ombudsman Program
535-02-DD	Human Rights Committee
535-07-DD	Obtaining Consent for Minors and Adults
535-08-DD	Concerns of People Receiving Services: Reporting and Resolution
535-09-DD	Research Involving DDSN Resources and/or Persons Receiving Services from or Staff Employed by DDSN – Review and Approval
535-10-DD	National Voter Registration Act (Motor Voter)
535-11-DD	Appeal and Reconsideration Policy and Procedures
535-12-DD	Advance Directives
535-13-DD	Swallowing Disorders
535-14-DD	Authorization to Discuss Medical Condition and Medical Treatment Plan
535-15-DD	Obtaining Health Care Consent for Minors and Adults with Head And Spinal Cord Injuries (HASCI)
535-16-DD	Required Use of Surveillance Video Cameras in DDSN Regional Center ICFs/IID Settings
536-01-DD	Social-Sexual Development
567-01-DD	Employee Orientation, Pre-Service and Annual Training Requirements
567-04-DD	Preventing and Responding to Disruptive Behavior and Crisis Situations

600-04-DD	Individual Travel at DDSN Regional Centers
600-05-DD	Behavior Support, Psychotropic Medications and Prohibited Practices
600-10-DD	Individual Clothing and Personal Property-DDSN Regional Centers
600-11-DD	Physical Management
602-02-DD	Aquatics Program at DDSN Operated Facilities
603-01-DD	Tardive Dyskinesia Monitoring
603-02-DD	Employee Health Requirements
603-03-DD	Safety Precautions for Medical and Dental Treatment
603-05-DD	Policy for Management of Occupational Exposures of Health Care Personnel to Potential Blood Borne Pathogens
603-06-DD	Guidelines for Screening for Tuberculosis
603-07-DD	Do Not Resuscitate (DNR) Orders
603-08-DD	Vaccination Information
603-09-DD	Management of Individuals Exposed to Potential Blood Borne Pathogens
603-10-DD	Latex Protocol for DDSN Regional Centers
603-12-DD	Immunization Procedure for DDSN Regional Centers
603-13-DD	Medication Technician Certification
604-01-DD	Individual Clothing and Personal Property
604-04-DD	Standard First Aid with Cardiopulmonary Resuscitation (CPR) – Adult, Child, Infant
700-02-DD	Compliance with Title VI of the Civil Rights Act of 1964, American's with Disabilities Act of 1990, Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act of 1975 and Section 504 of the Rehabilitation Act of 1975 and Establishment of a Complaint Process
700-03-DD	Informed Choice in Living Preference for (ICF/IIDs)
700-05-DD	Pilot Services or Programs
700-06-DD	Stated Funded Case Management
700-07-DD	Employment First
734-01-DD	Individual and Family Support and Respite – State Funding
735-02-DD	Relatives/Family Members Serving As Paid Caregivers of Respite Services
736-01-DD	Relatives/Family Members Serving As Paid Caregivers of Medicaid Waiver Services
738-01-DD	Discharge Planning for those leaving ICF/IIDs and Enrolling in the ID/RD Waiver

DDSN COMMISSION POLICIES

800-01-CP	DDSN Ends Policy
800-02-CP	DDSN Governance Process Policy
800-03-CP	DDSN Executive Limitations Policy
800-04-CP	DDSN Commission Staff Linkage Delegation
800-05-CP	DDSN Public Invocation Act
800-06-CP	Video Recording of DDSN Commission Meetings

Medicaid Cost Reports and Cost Statements

1. Medicaid cost reports and cost statements are due to SCDDSN by September 30th each year.
2. Extensions may be requested from the CFO. Must be on letterhead and sent to the CFO by September 15th.
3. One copy of the cost report and attachments/supporting schedules are to be sent to Cost Analysis.
4. Currently accepting only hard copies of cost reports.
5. Only DSN Boards have to submit cost reports and cost statements at this time.
6. The flip to fee for service funding may impact the future requirements for these reports.
7. Due date for audit reports is October 31st.
8. Cost reports must be prepared using final audited figures and be based on full accrual accounting vs. modified accrual.
9. Any difference between audited costs reported on the cost reports and the final audited costs on the audit report must be disclosed in the audit report supplementary schedules. In other words, the "audited costs" reported on the cost reports, when we tie out to the audit report, do not agree with one another.
10. Like facilities and programs can be combined into one schedule – consolidate/combine CTH 2 for example, but we need a schedule to backup the consolidated numbers.
11. Cost reports are not required to be prepared by the auditor or a CPA firm.
12. Use the Provider Reimbursement Manual – Part 1 (HIM 15 "Health Insurance Manual") found on the internet.
13. Not all costs reflected on the audit are allowable costs and must be adjusted out – for example
    a. GASB 75 Other Post Employment Benefits cost – retiree health insurance unfunded liability (actual premiums paid are allowable and any liability funded is allowable)
    b. GASB 68 SCRS unfunded net pension liability
    c. Room and Board for non-ICF programs
    d. Other costs – HIM 15
14. Depreciation must follow the AHA Estimated Useful Lives of Depreciable Hospital Assets – pdf download can be purchased for $88 on the internet. It can be purchased in paperback for $80.34 on Amazon. The guide is update periodically and you must follow the guide that is applicable for the year being reported.
15. Cost Reports to submit
    a. IDRD Waiver
    b. CS Waiver
    c. HASCI Waiver
    d. Rehab Supports
    e. ICF/ID
16. Cost statements to submit
    a. Case Management
    b. Early Intervention
17. Will be adding Cost Report forms to Business Tools under Forms and also to Finance and Audit web page
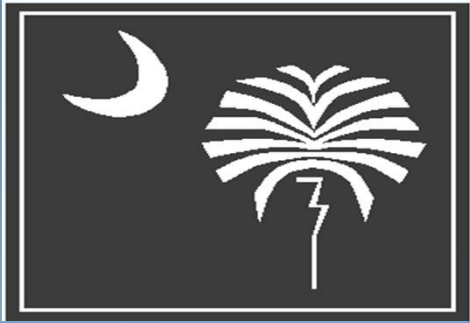
DDSN Internal Audit

Audit Overview and External Reviews

Presented by: Kevin Yacobi, Internal Audit Director
CIA, CGAP, CRMA, CBM, CFS

DDSN INTERNAL AUDIT

Phone number: (803) 898 - 9774

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Internal Audit Director – Kevin Yacobi

Staff

- Eric Baker

- Kashori Davis

- Brian Nanney

- Angela Sharperson

- Tarrence Trapp

Overview of Internal Audit

Scope of Internal Audit

Audits
- (Providers, both board and private); Central Office Operations, Regional Centers, Special Request, Follow-Up.

Coordination
- Works with other state agencies in reviews and investigations.

Technical Assistance
- Provided in a timely manner based on the nature of the request and a determination of the most appropriate resource for the assistance.

Training
- Available to providers as requested to ensure that preventive measures are maintained at a high level (personal funds and property, Medicaid fraud, Ethics, etc.). Note: We also have a web based consumer funds training available on the DDSN website.

External Audits
- Coordination of provider audit policies and quality assurance reviews of Report on Applying Agreed Procedures.

Audit Process

Preliminary Survey

Audit Program

Specifying in writing which activities to review and which transactions to examine, How to allocate audit resources to the audit steps, What audit procedures to follow, Which standards to measure against

Field Work

Carrying out the audit procedures called for in the program; Performing all of the tests, comparisons, and verifications spelled out in the program; Obtaining evidence for audit conclusions; Determining the validity of objectives, goals and standards; Obtaining concurrence of the facts

Making Recommendations and Suggestions & Promoting Corrective Actions

Preparing a record of what was done in the audit and of the evidence gathered; Demonstrating the scope of the examination

Documenting Results of Audit

Presenting audit results both orally and in writing; Expressing audit conclusions; Communicating the audit purpose, scope, findings and recommendations; Acknowledging any corrective action taken. Also reports may be given to outside agencies.

Reporting on the Audit

Internal Audit performs follow-up to ascertain that appropriate action is taken on reported audit findings. (Possible sanctions for repeat findings)

Follow-Up

Audit Policy

Contractual Requirements

Full Financial Audits

- Requires all Boards to file a full financial audit within **120 days** of close of fiscal year.
- Residential QPL's are now required to submit financials, as of FY2018.

Management Letter

- When audit reports are filed with DDSN, providers must also submit a letter on the Provider's letterhead stationary and signed by the Executive Director.
- Letter must include the type and extent of all attestation, consulting, bookkeeping, and/or other services performed under contract or agreement and
- The name of the CPA or organization that provides such services should be included.

"RoAAP" Requirement
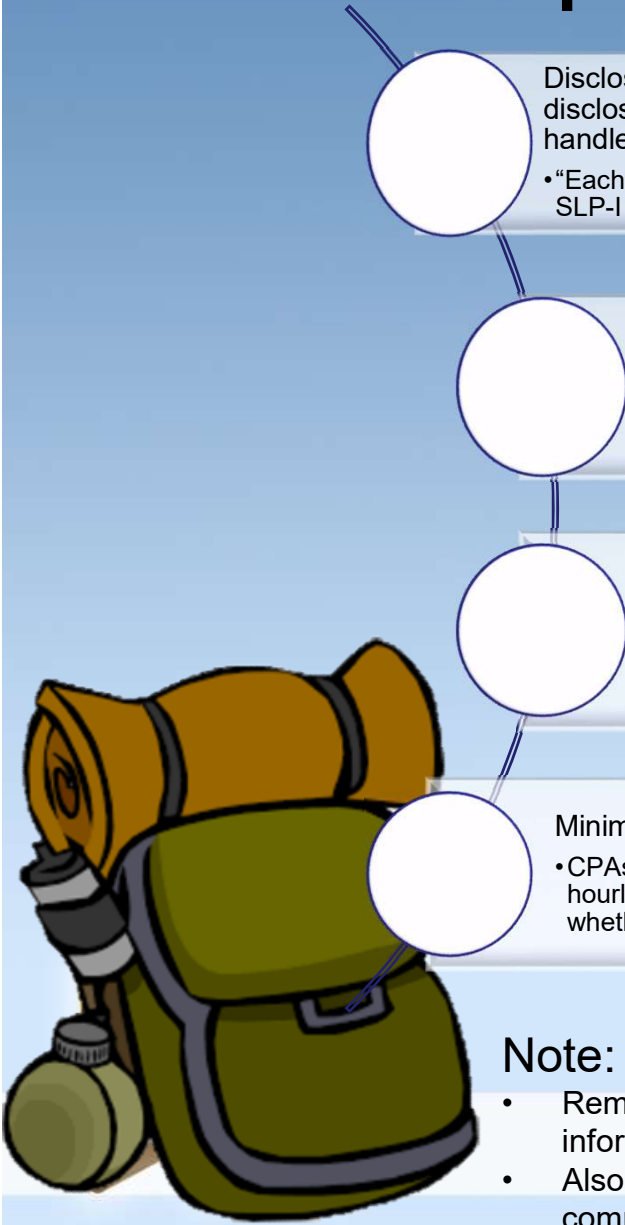
- All DSN Boards, entities grandfathered in as DSN Boards and Contracted Service Providers that receive $250,000 or more in financial assistance from DDSN and perform any Medicaid billable services are required to submit a report on applying agreed upon procedures prepared by a CPA, within **90 days** of close of fiscal year.

General Information

- All providers should provide a copy of the appropriate audit policy and all attachments to their CPAs (DDSN Directives 275-04-DD or 275-06-DD).
- In addition, all providers are subject to a $100/day contract reduction for each day a required report (RoAAP and/or Financial Audit and/or corrective action plan (CAP) is submitted past the due date. Total contract reduction is capped at $2500 for each report and corrective action plan.

Report Requirements

Disclosure of information on the treatment of consumer funds – The audit policy requires CPAs to disclose, in detail, information in the Report on Applying Agreed Upon Procedures on how Providers handle consumers' personal funds.

• "Each Program" means providing detail information at the provider home level: ICF/ID, CRCF, CTH-I, CTH-II, SLP-I and SLP-II.

Corrective Action Plans – Omissions

• CAPs should include: 1) dates of implementation; 2) if training is involved, there should be detail concerning the duration and scope; 3) copies of documentation of remedial actions (i.e. service error correction forms)

Sample Sizes

• CPA's are required to state the size of the samples taken from the population examined.

Minimum Salary Information and Room and Board Policy:

• CPAs are required to report on whether Providers have established and implemented minimum salary and hourly wage standards in accordance with the DDSN contract. Additionally, CPAs are required to report on whether Room and Board policies have been reviewed and approved by DDSN and test for compliance.

Note:

• Remember, as a Provider, you contract is with the CPA. Ensure that they have the information and items needed to complete their end of the contract.

• Also, the State Board of Accountancy may review the provider reports DDSN receive for compliance with professional standards.

Updates to Reporting Process & Other Amendments

External Audit Reporting.

- Electronic and hard copy of Financial Reports to DDSN Finance
- No hardcopy report to district(s).
- Internal Audit will accept electronically filed RoAAPs @ Audit@ddsn.sc.gov

Quarterly Financial Reporting (DDSN Fiscal).

- 30 days after quarter closes.

Reporting Direct Billed and Medicare Part D.

Reporting Respite and Self Directed Care.

Reporting of OPEB.

Some Important Reminders

Internal Audit is a vital resource for providers.

Onsite training is available from IA upon request.

IA training does count towards Board Members training.

Other useful training for Board Members and Providers

- Governance
- Conflicts of Interest
- Ethics

We are always open and available to assist providers as requested and as time permits.

Some Useful Tips

- ❑ **Program team involvement. (approval of trips, large purchases)**
- ❑ **If there is a question about a receipt or expenditure, do not accept a verbal explanation unless it is collaborated by at least one other staff member.**
- ❑ **Monitoring of receipts and expenditures by an independent person.**
- ❑ **Make unannounced visits - program and/or finance office?**
- ❑ **Do surprise cash counts - program and/or finance office?**
- ❑ **Call Internal Audit if there are any questions/doubts about what is acceptable.**

Ten Ways Providers Can Prevent/Detect Fraud

1. Have a written code of ethics.

2. Set a good example.

3. Have reasonable expectations.

4. Treat employees well.

5. Restrict bank account access.

6. Perform regular bank account reconciliations.

7. Adequately secure inventories and supplies.

8. Adequately prescreen employee applicants.

9. Give employees a way to report fraud.

10. Have Internal Audit examine the books (Provider and Consumers).

What Questions Do You Have?

Budgeting and Planning for Facility Management

"An Appropriate budget allocation for the routine M&R (maintenance and repair) for a substantial inventory of facilities will typically be in the range of two to four percent of aggregated current replacement value of those facilities (excluding land and major associated infrastructure). In the absence of specific information up which to base the M&R budget this funding level should be used as an absolute minimum value. Where Neglect of Maintenance has caused a backlog of needed repairs to accumulate, spending much exceed this minimum level until the backlog has been eliminated." – The Building Research Board's Committee on Advanced Maintenance Concepts for Buildings, 1990

Large Expenditure Items

These are costly items that commonly need maintenance and repair. These items can drastically affect life/safety conditions within a facility. They could also affect the licensing or ability to occupy a facility.

- Building Envelop – Roofs, cladding, water proofing, windows, doors, etc.
- HVAC Equipment – All heating, cooling, and ventilation equipment
- Fire Protection – Fire alarms and fire sprinkler systems.

Preventive Maintenance and Inspections for Large Expenditure Items

- **Roofs**
    - Commercial Roofs – Should be inspected 2x/year, Fall and Spring.
    - Residential/Shingle – Should be inspected every three years. Clean gutter annually
- **HVAC**
    - Standard Heat Pumps – Should be inspected and serviced by a professional technician at least once a year.
    - Filters should be visually inspected monthly, and changed if necessary.
    - Commercial Boilers and Chillers – These should be serviced and inspected annually.
- **Fire Protection**
    - Fire Alarm Systems – Should be inspected by a licensed contractor annually.
    - Sprinkler Systems – Should be inspected by a licensed contractor annually.

Generators

Many residential facilities and day programs around the state have emergency generators. The annual cost and maintenance of these generators need to be accounted for when budgeting for care and maintenance.

- Generators need to be serviced by a licensed technician annually.
- Generators need to be load bank tested by a licensed technician every three years.

Professional Design Services

- State laws and Regulations sometimes require Architects and Engineers to be involved in the construction and renovation of some facilities. It is typically best to always check with the AHJ (Authority Having Jurisdiction) to verify whether or not professional services are needed.
- DHEC regulations will always require an Architect or Engineer for the construction, addition, or alteration of an ICR of CRCF.
- Architects and Engineers are not typically required for CTHII's.

DDSN's Department of Engineering and Planning

- Please contact DDSN's Engineering Department with any questions regarding facility repair and maintenance.
- Engineering Department Contacts:
    - Andrew Tharin – Director – 898-9423
    - Seth Leslie – Engineer – 898-9712
    - Shirley Wilson – Program Coordinator 898-9801
    - Greg Adams – Energy Manager – 898-9422

FY 20 Invoice Changes

Early Intervention (EI)	
FY 2019	**FY 2020**
- QPL's were paid by the (Service Notes) Early Intervention Invoice in R2D2. - Boards were paid through monthly prospective grant payments. $23.52 Rate (Family Training)	- QPL's and Boards will be paid by the EI Invoice in R2D2. - R2D2 → Logs → Service Notes → **"(Service Notes) Invoice for Early Intervention"** $23.52 Rate (EI-Service Coordination / EI-FSP / Family Training) **Note**: **All pages** are required upon submission. The last page should be signed by an approved designee.
State Funded Case Management (SFCM)	
FY 2019	**FY 2020**
- QPL's and Boards were paid by the (Service Notes) State Funded Case Management Invoice in R2D2. $139.63 Rate for ID/RD & Autism $152.02 Rate for HASCI	- QPL's and Boards will be paid by the SFCM Invoice in R2D2. - R2D2 → Logs → Service Notes → **"(Service Notes) Invoice for SFCM"** $15.00 Rate, per 15 min. unit (Office) $20.00 Rate, per 15 min. unit (Home) **Note**: **All pages** are required upon submission. The last page should be signed by an approved designee.

FY 20 Invoice Changes

Non-Waiver Case Management (NWCM) →	Medicaid Targeted Case Management (MTCM)
FY 2019	**FY 2020**
• QPL's and Boards were paid by the <u>(Service Notes) Non-Waiver Case Management Invoice</u> in R2D2. • <u>$15.00 Rate</u> (Non-Waiver Targeted CM-Office) • <u>$20.00 Rate</u> (Non-Waiver Targeted CM-Home Residential)	• QPL's and Boards will be paid by the MTCM Invoice in R2D2. o R2D2 → Logs → Service Notes → **<u>"(Service Notes) Invoice for MTCM"</u>** • <u>$15.00 Rate</u> (Non-Waiver Targeted CM-Office) • <u>$20.00 Rate</u> (Non-Waiver Targeted CM-Home Residential) • <u>**Note**</u>: **All pages** are required upon submission. The last page should be signed by an approved designee.

FY 20 Invoice Changes

Waiver Case Management (WCM)	
FY 2019	**FY 2020**
- QPL's and Boards were paid through monthly prospective payments. $139.63 Rate for ID/RD & Autism $152.02 Rate for HASCI.	- QPL's and Boards will be paid by the WCM Invoice in R2D2. - R2D2 → Logs → Service Notes → **"(Service Notes) Invoice for Waiver Case Management"** $15.50 Rate (No Travel) $25.20 Rate (Travel) - Jun. 2019 Advancement → Jul. 2019 Invoice - Jul. 2019 Advancement → Aug. 2019 Invoice - Aug. 2019 Advancement → Sep. 2019 Invoice - Sep. 2019 Advancement → Oct. 2019 Invoice - Oct. 2019 Advancement → Nov. 2019 Invoice - Nov. 2019 Advancement → Dec. 2019 Invoice - Invoice > Advancement = Manually adjust the invoice for payment - Invoice < Advancement = No action is needed - The first retrospective payment will be for January services available on the invoice generated on February 10, 2020. **Note**: Only the **last page** is required upon submission. The last page should be signed by an approved designee.

FY 20 Invoice Changes

State Funded Community Supports (Band A)	
FY 2019	**FY 2020**
• Boards were paid through monthly prospective payments (Band A).	• Day Services will be paid by the DSAL Invoice in R2D2. o R2D2 → Logs → DSAL and RESLOG → DSAL → **"DSAL Service Totals Invoice for State Funded Consumers"** • All other services covered in the Band A will be invoiced **manually** on the monthly <u>State Funded Community Supports Invoice</u>. • **<u>Note</u>**: **All pages** are required upon submission. The last page should be signed by an approved designee.

RESLOG and DSAL Due Dates

Note 1: All logs have to be Submitted and Approved by 4 PM on the due date (the 5th business day of the month).

Note 2: Even if a consumer has 0 units of attendance on a DSAL Log for the month their log still needs to be completed.

RESLOG and DSAL Log Month	Due Date	Invoices Available on R2D2
May 2020	Friday, June 5, 2020	Monday, June 8, 2020
June 2020	Wednesday, July 8, 2020	Thursday, July 9, 2020
July 2020	Friday, August 7, 2020	Monday, August 10, 2020
August 2020	Tuesday, September 8, 2020	Wednesday, September 9, 2020
September 2020	Wednesday, October 7, 2020	Thursday, October 8, 2020
October 2020	Friday, November 6, 2020	Monday, November 9, 2020
November 2020	Monday, December 7, 2020	Tuesday, November 8, 2020
December 2020	Friday, January 8, 2021	Monday, January 11, 2021
January 2021	Friday, February 5, 2021	Monday, February 8, 2021
February 2021	Friday, March 5, 2021	Monday, March 8, 2021
March 2021	Wednesday, April 7, 2021	Thursday, April 8, 2021
April 2021	Friday, May 7, 2021	Monday, May 10, 2021
May 2021	Monday, June 7, 2021	Tuesday, June 8, 2021

Uploading to RBC (Reporting & Billing Center)

1. Log into the DDSN Application Portal; https://app.ddsn.sc.gov/ddsnportal/ddsn_login.jsp

2. Type in your login and password then press enter.

3. Click on "RBC" under the DDSN Web Application Listing. (If you do not see it listed please contact the DDSN Helpdesk to ask them to add this function to your login access).

   ❖ DDSN Helpdesk by phone at 803-898-9767 or by email at Helpdesk@ddsn.sc.gov.

DDSN Web Application Listing	
CDSS	The Consumer Data Support System allows users to maintain Screening, Intake, and Eligibility information for DDSN consumers.
DSAL / RESLOG	Allows reporting of service information for their consumers in Day Supports and Residential Services.
ADT	Allows users to request admissions, discharges, and transfers from DDSN residential settings
RBC	Various billing-related functionalities.
IMS	Incident Management System
JEDI	The Java Enterprise Directory Interface allows users to update their basic information (phone, address, etc.) and change passwords. This application is also used to control access to all secured DDSN web applications.
Genetics Billing	Application for all genetics-related billing.
R2D2	Actuate Reporting Application
SPM	Service Provider Management
SCB	The Service Notes Billing application provides access to billing management functionality for automated billing through the service notes module of CDSS.
QE	Quality Enhancement
DDSN Legacy Applications	
Mainframe (Rumba)	Click here to access the following applications: STS, PSS, WVR, SECURITY, and GTS
External DDSN Resources	
Business Tools	The Business Tools site provides access to DDSN training tools and various forms.
Log Off	

Uploading to RBC (Reporting & Billing Center)

4. Click "Upload Document"

5. In the drop down box for "Document Type" select the category for the invoice that you are uploading.

6. Click "Choose File". Go to the location on your computer and find the file that you have scanned or created to upload. Select it.

7. Click "Upload Document"

8. After uploading you should see a confirmation page stating that your document was successfully uploaded.

9. Print the confirmation page and attach it to your backup detail showing that the information has been sent.

EXECUTIVE MEMO

TO: Executive Directors & CEOs
             Case Management Supervisors
             Early Intervention Supervisors
             Financial Managers

FROM: State Director Mary Poole

SUBJECT: Final Planning Steps for Services Converting to a Fee-for-Service Model on July 1st, 2019

DATE: May 17, 2019

The purpose of this memo is to set forth the final planning steps for Waiver Case Management (WCM), Early Intervention, and state funded community supports (Band A) converting to a fee-for-service payment model on July 1, 2019. The July 1st date was selected in coordination with SC Department of Health and Human Services (SCDHHS) due to a change in WCM rates and SCDHHS assuming responsibility to process invoice payments for BabyNet services. Additionally, DDSN converted the prospectively paid Band A services to fee-for-service to simplify operations and balance cash flows. DDSN is grateful to the provider community's patience and partnership in working this challenging issue over the past year.

I.   Waiver Case Management Changes

The most significant change on July 1st will be in WCM. SCDHHS will be lowering its reimbursement rate to DDSN from $161.76/hour (with travel) & $156.76/hour (no travel) to new rates of $100.80/hour (with travel) & $62.00/hour (no travel). These new rates will be accompanied by new WCM standards.

A.   Implementation of New Waiver Case Management Standards

The implementation of WCM was approved by CMS as a new service in all DDSN-operated waivers in 2014. Between 2014 and 2019, DHHS chose not to implement this new WCM Service. WCM will be implemented on July 1, 2019. As the single state Medicaid agency, SCDHHS will be issuing the WCM policy prior to this date. From June 15 to June 30, 2019, DDSN will conduct regional and virtual training, to include specific information on the service and reporting billable services.

The draft DDSN WCM Standards were distributed for stakeholder input and public comment on April 30th. These standards will be reviewed and ultimately approved by the DSN Commission Policy Committee and then the full DSN Commission. Necessary changes will be forwarded to SCDHHS for consideration prior to its June issuance of the final WCM policy manual and approval of DDSN standards. These new WCM standards will increase consumer services by increasing required contacts by case managers, which will also correspondingly increase billing opportunities.

B. <u>**Waiver Case Management Fee-for-Service Payment**</u>

The transition to WCM will alter the payment structure from the current prospective monthly rate ($139.63) to retrospective fee-for-service rates [$100.80/hour (travel); $62.00/hour (no travel)]. WCM invoices will be processed exactly the same as the current retrospective MTCM and SFCM invoice processing. Invoices will be electronically generated on the evening of the 5th working day of the ensuing month. On the morning of the 6th working day, invoices may be downloaded and printed by providers using R2D2 (the Actuate Reporting System) on the DDSN Portal. Once invoices have been reviewed and attested to via signature of the Executive Director or his/her designee, they should be uploaded electronically through the Reporting and Billing Center (RBC), a secure system on DDSN's portal used for uploading confidential billing documents to the SURB Unit. **Please note due to their expected size, only the provider total page need be certified and uploaded for payment of WCM invoices.** Should a provider prefer, invoices can be mailed to DDSN Finance Division, Attn: SURB, PO Box 4706, Columbia SC 29240.

II.   <u>**Early Intervention Fee-for-Service Changes**</u>

Beginning July 1, 2019, all Early Intervention services will be billed as fee-for-service. QPLs are currently paid retrospectively fee-for-service for both BabyNet (ages 0-3) and DDSN EI (ages 3-6). DSN Boards are currently paid through monthly prospective grant payments for these two services. The July 1st new fee-for-service payment procedures will differ for BabyNet (ages 0-3) and DDSN EI (ages 3-6), which are:

A.   <u>**SCDHHS BabyNet Fee-for-Service Payment**</u>

All BabyNet providers are required to enroll with SCDHHS as Medicaid providers no later than May 15, 2019, and must select "Electronic Funds Transfer" as their payment method. Services for children ages 0 to 3 will be entered as a "Service Log" in BRIDGES. SCDHHS will electronically transfer payment to the provider within 10-14 days. SCDHHS plans to offer training(s) regarding BabyNet billing procedures prior to July 1st.

B.   <u>**DDSN Early Intervention Fee-for-Service Payment**</u>

Services for children ages 3 to 6 services will be entered as a "Case Note" in Therap. Monthly electronic invoices will be generated and processed exactly the same as WCM in Section I-B above.

As a reminder, two new billing codes will be added in addition to the existing T1027 for Family Training. T1016 with TL modifier will be used for Service Coordination, and T1018 with TL modifier will be used for IFSP/FSP Development and Assessment.

III.   <u>**State Funded Community Supports "Band A" Payment**</u>

Invoicing state funded community supports "Band A" services will consist of two monthly invoices. Since the overwhelming majority of Band A services consist of day services, DDSN will provide monthly electronically generated invoices recorded in Day Service Attendance Logs (DSAL). These invoices will be processed exactly the same as WCM in Section I-B above.

All other Band A services, estimated at approximately 10%, will be invoiced manually to DDSN by the provider. Boards will submit a standard monthly "Band A Manual Invoice." If a provider has an electronic report capturing the same information as the manual form, DDSN will accept this documentation in lieu of the

manual invoice. Completed invoices should be uploaded electronically through the Reporting and Billing Center (RBC) to the SURB Unit. Should a provider prefer, invoices can be mailed to DDSN Finance Division, Attn: SURB, PO Box 4706, Columbia SC 29240.

IV. <u>Implementation Features for July 1st Transitioning to Fee for Service Payments</u>

A. <u>3-Month Financial Safety Net</u>

In order to provide confidence and a safety net for providers with monthly billings less than their current monthly break-even point, DDSN will implement a 60% safety net monthly prospective payment beginning in July and continuing through September. Payments for WCM will be prospectively paid as usual except at 60% of their current rate ($83.78). Each provider's break-even billing revenue varies based on its unique personnel costs and overhead, but generally requires between 4-5 hours of billable time per case manager when on-duty for a full day. The 60% safety net threshold is a general estimate of a provider's variable personnel costs (cash flow) for case management.

After all billings have been completed for the month of July, CM providers will be able to invoice DDSN for billings in excess of the 60% prospective payment. The new monthly fee-for-service invoice "total page" will be manually reduced the 60% payment by the provider and submitted via the same submission process outlined in section 1-B above. If a provider's billings were less than the 60% prospective payment, they will be able to keep the full 60% payment to assist in the transition. This process will continue for August and September. In October, the full retrospective fee-for-service payment model will become effective.

B. <u>Cash Flow Analysis of Case Management Transition from Prospective Payments to Fee-for-Service</u>

There will be a 40-day gap for CM providers between ending prospective payments for September 2019 services and the first retrospective payment for October 2019 services received on or about 11/10/2019. The 37 Boards providing CM had cumulative cash balances of $45,544,285 in their most recent audited financial statements on 6/30/2018, and these Boards' current cumulative monthly CM prospective payments were $1,317,449. This generates a cash to monthly CM prospective payments ratio of 34:1, which is a healthy indicator of adequate cash reserves to finance this 40 day cash flow gap when transitioning to fee-for-service. However, two smaller Boards have an inadequate ratio of cash balance to their monthly CM prospective payment and a third Board will be at-risk. These three boards will need DDSN engagement and potential assistance in this fee-for-service transition.

Case Manager QPLs are not required to file annual audited financial statements with DDSN, so the same cash flow analysis completed for Boards could not be conducted. The large QPL case management providers' billing efficiency is above the statewide average, but all QPL case managers will be canvased on this topic by June 1st.

C. <u>Medicaid Ineligible Risk</u>

As the system implements the fee-for-service payment model, it will be more important than ever to ensure individuals are receiving Medicaid and remain eligible for Medicaid. DDSN's process going forward will provide payment for all individuals who are approved for MTCM or WCM regardless of their Medicaid status. Despite DDSN paying the Medicaid ineligible billing to assist providers' cash flow, the Medicaid ineligible risk belongs to the provider along with the responsibility to engage their consumers to restore Medicaid eligibility.

Medicaid ineligible billings will be identified on each monthly provider invoice along with procedures to obtain a detail listing of each billing to engage consumers to restore eligibility.

The provider will have four months to engage consumers to restore eligibility and permit DDSN to re-bill. If not, DDSN will credit the provider's next bill. The provider will still have eight months to re-bill. If providers' are successful in timely addressing of these ineligible billings, DDSN can potentially lengthen the four month time frame to lower administrative stress on all parties.

In a separate communication by mid-June, DDSN will establish simple procedures for providers to access a report itemizing their Medicaid ineligible consumers for appropriate follow-up. At that time, DDSN will also supply each provider's current Medicaid ineligible consumers to clear up any backlog in the system before July 1st.

Closing

All Case Management questions, concerns, and requests for technical assistance should be directed to Case Management Director Lori Manos at 803/898-9715 or LManos@ddsn.sc.gov. All Early Intervention questions, concerns, and requests for technical assistance should be director to Early Intervention Director Joyce Kimrey at 803/898-9145 or JKimrey@ddsn.sc.gov. All questions pertaining to invoicing should be directed to Finance Director Tom Ritter at 803/898-9720 or TRitter@ddsn.sc.gov.

Thank you in advance for your partnership in this system-wide effort.

Section 10.1: Residential Services Reporting and Billing Procedures for RESLOG

Providers of Residential Habilitation services for DDSN are required to keep daily census information for each consumer served in their programs. Providers must report that census information through an automated reporting system called the Residential Logs Application or "RESLOG". RESLOG is located on the DDSN application portal. In order to access RESLOG, users must have a valid portal ID and password. Central Office Information Technology (IT) Division assigns user IDs for the DDSN application portal. To obtain access, contact the IT Helpdesk at 803-898-9767 or Helpdesk@ddsn.sc.gov.

1. Residential Service Definitions and Service Codes

    A. Residential Habilitation Facilities (R02-R05)

        Residential Habilitation Facilities are defined as non-institutional residential settings in which consumers receive care, skills training and supervision according to their needs. The DDSN sponsored facilities are licensed either by DDSN or DHEC. They include Community Training Homes I and II (CTHs I/II), Supervised Living Programs II (SLPs II) or Community Residential Care Facilities (CRCFs).

        - SLP II (R02) – Typically an apartment setting in the community for consumers who need intermittent supervision and supports. They can perform most daily living activities independently and only need periodic advice, support and supervision. Trained staff are available either on-site or very nearby 24 hours a day.

        - CRCF (R03) – A home-like environment in the community where consumers may receive supervision and a degree of personal care, according to identified needs, delivered by qualified, trained caregivers.

        - CTH I (R04) – A home environment in the community for a maximum of 2 people where personalized care, supervision and individualized training are provided according to the person's plan in the support provider's home. Consumers are considered one of the family.

        - CTH II (R05) – A home-like environment in the community that is either rented or owned by a provider which can provide a home-like environment for a maximum of 4 consumers while under the supervision of qualified and trained staff.

    B. Intermediate Care Facilities (R06 & R07)

        Intermediate Care Facilities are state-licensed residential facilities that offer active treatment, health or other related services directed toward helping consumers function with as much self-determination and independence as possible.

- ICF/IID (R06) – ICFs offer a community living option to consumers who need maximum support for high levels of need. Twenty-four-hour care, supervision, training, recreation and other activities are provided in a structured environment.

- Regional Centers (R07) – Regional Centers provide 24-hour care, supervision and treatment for the most fragile consumers with the greatest need for support.

For more detailed information on Residential Habilitation definitions and services, please refer to the Residential Habilitation Standards at www.ddsn.sc.gov under the Service Provider link.

2. Instructions for On-Line Reporting

RESLOG instructional videos are available on the application portal under DDSN > Business Tools > Videos > Application Training > ResLog. These videos are helpful for learning tasks such as how to create, unlock, or reject a system log and how to add a consumer's name to a log.

A. Production of Residential Logs (Roll Books)

Residential logs are created in RESLOG on the first calendar day of each month based on where Service Tracking System (STS) shows a consumer as receiving residential services. Consumer names, identifying information and service provider location are drawn from STS to generate the logs. If a log displays incorrect information, STS needs to be updated. Until STS is updated, a log will continue to generate with incorrect information. Contact should be made with the consumer's Case Manager. It is the Case Manager's responsibility to ensure that STS is updated when a consumer's service activity changes.

B. Reporting Attendance

Attendance for every consumer in a Residential Habilitation Facility should be recorded throughout the month. Attendance must be 100% recorded for each facility in order to properly document the costs of residential service. The daily census information entered should always reflect a consumer's location as of 11:59 P.M. each night.

For new Residential Habilitation Facilities, a system log can be created in RESLOG as long as there is at least one consumer shown on STS as residing in that facility. If a new facility log does not appear on your list, click on "create log" to see a list of facilities for which a log has not been created in the current month. If the facility name is not found on this list, a blank log may be used to enter your census information. Blank logs are available on the DDSN application portal. An example of a Residential Census Log for New Residential Facilities is shown on page 10.1 p.6 of this section.

To add a consumer's name to a system log in RESLOG, click on "Add Consumer" at the bottom of the summary screen. Eligible consumer names (based on STS) will appear. If the consumer's name does not appear, contact the consumer's Case Manager to ensure that STS is current.

SCDDSN Finance Manual   **Issue Date 7/01/17**
Chapter 10: Service Units Reporting and Billings (SURB)
Residential Services Reporting and Billing   **Supersedes 9/01/13**
    Procedures for RESLOG 10.1

(1) <u>Residential Habilitation Facilities (R02-R05)</u>

Following are status codes used for reporting attendance in RESLOG under the category of Residential Habilitation Facilities (R02 – R05):

Residential Habilitation Facilities Status Codes (R02 – R05 ONLY)
P – Present L – On Leave R – Respite (Hourly)* S – On a DDSN Sponsored Activity** D – Discharged

<u>RESPITE (R02 – R05)</u> *
There can never be Respite between like facilities. For reporting and billing purposes, the Respite (R) status code should never be used when a consumer moves from one Residential Habilitation Facility (R02-R05) to another within the provider's organization. Respite (R) codes are used when a consumer, who does not receive Residential Habilitation, enters an R02-R05 facility. Recording of the (R) code is for attendance purposes only.

The only form of Respite that can be provided is Hourly Respite (STS code S46), and the Individual Service Report (ISR) must reflect the number of hours and the date Hourly Respite was provided. All Respite (R) services are reported on paper logs, known as Individual Service Reports (ISRs).

<u>SPONSORED ACTIVITY (R02 – R05)</u> **
The (S) code is used for a consumer who is not present at 11:59 P.M. due to reasonable circumstances, such as he or she is working or away from the facility on an overnight trip.

The (S) code may be used because a consumer from one Residential Habilitation Facility (R02-R05) has temporarily moved to another Residential Habilitation Facility **<u>within</u>** the provider's organization. <u>The (S) code may be used for reporting purposes at the sending facility for up to 7 days</u>. <u>The receiving facility should report nothing as long as both locations are operated by the same provider.</u> If a consumer continues to stay at the receiving facility from the 8th day on, however, an Admission/Discharge/Transfer process must be completed, as well as updating STS.

The examples cited above are not all inclusive. There may be other circumstances that support the use of the (S) code but unless a consumer is at work, <u>in every case a provider employee must be present with the consumer in order to use the (S) code</u>. Regardless if a situation is one-to-one or one-to-many, no consumer receiving Residential Habilitation should be left alone without proper supervision per DDSN Departmental Directive 510-01-DD: Supervision of People Receiving Services.

(2) Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) (R06 & R07)

Following are status codes used for reporting attendance in RESLOG under the category of Intermediate Care Facilities (R06 & R07):

ICF/IID Facilities Status Codes (R06 and R07 ONLY)	
P – Present	H – In Hospital (Outside)
L – On Leave	R – Respite *
T – Therapeutic Leave	D – Discharged
S – On DDSN Sponsored Activity	X – Consumer has Passed Away
A – Absent	Z – Hospice **

RESPITE (R06 & R07) *

There can never be Respite between like facilities. For ICF Facilities (R06 & R07), the only form of Respite for reporting and billing purposes is Institutional Respite (STS Code S13). All Respite (R) services are reported on paper logs, known as Individual Service Reports (ISRs). In order to use the (R) code for a consumer, first make sure that the Case Manager has entered an S13 code on STS along with a corresponding location code (R06/R07) where the service will be delivered. The (R) code cannot be used until STS has been updated with this information. If a consumer comes from a Residential Habilitation facility (R02-R05), the ICF/IID (R06/R07) should add his or her name to a log recording an (R) value, while the Residential Habilitation facility (R02-R05) records a value of (L) for "Leave" on their log for the consumer.

HOSPICE (R06 & R07) **

If a consumer begins receiving Hospice (Z) services, DDSN must begin billing the Hospice provider for room and board. The Hospice provider becomes the supplier of any services the consumer may need, except for room and board. The consumer continues to reside in their current Residential Habilitation facility (R06/R07) while receiving Hospice services.

DDSN needs certain billing information to be able to bill the Hospice provider. To obtain this information, regions/providers must complete a Hospice Services Information Sheet and mail it to your District Office. When the District Office has reviewed and signed the form, Districts are to forward the Hospice Information Sheet to **DDSN, Attn: SURB, PO Box 4706, Columbia, SC 29240**. If needed, a blank form is available on the DDSN application portal under Business Tools/Forms. An example is shown on page 10.1 p.7 of this section.

C. Submission of Residential Logs (Roll Books)

System logs must be both "**Submitted**" and "**Approved**" on RESLOG **by the 5th business day of the following month**. A "Submitter" is defined as the employee who enters attendance data during the month. The Submitter provides the Approver with the completed logs for final approval and closure.

Census information must be recorded on an ongoing basis throughout the month. At the end of the month, after all census information has been recorded, each system log must be "Submitted" for approval. Corrections may continue to be made to a log after it has been submitted all the way up until it has been "Approved." After a system log has been approved, no changes may be made to it.

DDSN's Residential Habilitation service providers on the Qualified Provider List (QPL) must submit an invoice to DDSN each month in order to receive reimbursement for services rendered. Invoices must include the following information: (1) consumer name(s), (2) the days served, and (3) the rates approved in the provider's contract. All Leave days (up to the maximum allowed under the contract) are reimbursed at the base rate without outliers. Vacant days, up to a maximum of 30, are reimbursed based on the funding available for the bed at the base rate without outliers. All invoices should be mailed by the subsequent month of service delivery to **DDSN Finance Division, Attn: SURB, PO Box 4706, Columbia, SC 29240**.

For providers who prefer to upload billing documents electronically, please contact SURB to obtain access to the Reporting and Billing Center (RBC). RBC is a secure system on DDSN's application portal for uploading confidential billing documents that go to the SURB area. **If you choose to upload documents through RBC, please do not mail the originals.**

D. On-Line History

Approved system logs are maintained on-line for inquiry purposes for eighteen (18) months. These logs may be reviewed, but information may not be changed.

3. Confidentiality of On-Line Reporting Documents

Title II of HIPAA, known as the Administrative Simplification (AS) provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA; Pub.L. 104–191), required the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans and employers. All DDSN providers are required to comply with all applicable standards, orders and regulations pursuant to HIPAA concerning the confidentiality of information shown on all reporting documents.

South Carolina Department of Disabilities and Special Needs
Residential Census Log
FOR NEW RESIDENTIAL FACILITIES

Regional Center:

Provider:

Facility Name:

Month:

Individual's Name	Soc Sec # (Last 4 only)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total

Notes:

Complete this log for all new individuals entering the above named facility. Enter the name and social security number for each individual.

Make sure that all the above named individuals are added to the STS system. This is imperative to insure future generated logs.

Preparer's Signature:

Authorized Designated Signature:

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Adult Half Day Roll Book for _____

(Month / Year)

Service: _____

Provider: _____

Location: _____

1 Present   0 Absent

	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Units
Name:											**SS# XXX-XX-**																					
AM																																
PM																																
																											Consumer Total					

	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Units
Name:											**SS# XXX-XX-**																					
AM																																
PM																																
																											Consumer Total					

Supervisor Signature: _____   Date: _____

Please mail completed form mail to: SCDDSN, Finance Division, PO Box 4706, Columbia, SC 29240, **ATTN: SURB Division**

DDSN SURB Form C10S2: DSAL DAILY ROLLBOOK
Form Date: 3/14/2019

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

ADULT HOURLY ROLL BOOK FOR: _____

INDIVIDUAL SERVICE REPORT

SERVICE: ADULT EMPLOYMENT SERVICES - INDIVIDUAL

PROVIDER: _____

LOCATION: _____

INDIVIDUAL: _____

SOCIAL SECURITY #: _____

EACH SERVICE REPORTED MUST BE DOCUMENTED IN INDIVIDUAL'S FILE

DATE OF SERVICE	TIME HRS:MIN	UNITS		DATE OF SERVICE	TIME HRS:MIN	UNITS
____/____/____	___:___	_____		____/____/____	___:___	_____
____/____/____	___:___	_____		____/____/____	___:___	_____
____/____/____	___:___	_____		____/____/____	___:___	_____
____/____/____	___:___	_____		____/____/____	___:___	_____
____/____/____	___:___	_____		____/____/____	___:___	_____
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____/____/____	___:___	_____		____/____/____	___:___	_____

CONSUMER TOTAL TIME/UNITS : ___:___ _____

I CERTIFY THAT SERVICES AS REPORTED PER INDIVIDUAL SERVICE REPORT HAVE BEEN RENDERED AND ARE PROPERLY DOCUMENTED IN THE INDIVIDUAL'S FILE.

_____
Signature

Section 10.2:   Day Services Reporting and Billing Procedures for DSAL

Providers of day services for DDSN are required to report those services through an automated system called the Day Supports Attendance Logs Reporting System or "DSAL". DSAL is accessed through the DDSN application portal. In order to access DSAL, users must have a valid portal ID and password. Central Office Information Technology (IT) Division assigns user IDs for the application portal. Contact the IT Helpdesk at 803-898-9767 or email Helpdesk@ddsn.sc.gov to request security authorization.

1.   Adult Day Services Definitions and Service Codes

     A.   Career Preparation (S97):   Preparing consumers for careers through exposure to and experience with various careers. Compliance, attendance, task completion, problem-solving, safety, self-determination and self-advocacy are taught to produce general results as opposed to learning specific tasks.

     B.   Community Services (S86 & S98): Developing one's awareness of, interaction with, and participation in the community through exposure and experience. Concepts such as self-determination, self-advocacy, and socialization are taught. Community Services are provided in facilities licensed by the state. On-site attendance at a licensed facility is not required to receive services that originate from that facility. There are 2 service codes associated with this service:

          • Community Services/Individual (S86): services are provided on a one-to-one basis.
            This service is provided under the Community Supports Waiver only.

          • Community Services/Group (S98): services are provided in a group setting.
            This service is provided under the Community Supports, ID/RD and HASCI Waivers.

     C.   Day Activity Services (S96): Providing supports and services in therapeutic settings to enable consumers to achieve, maintain, improve or decelerate the loss of personal care, social or adaptive skills. Services are provided in non-residential settings that are licensed by the state. On-site attendance at the licensed facility is not required to receive services that originate from the facility.

     D.   Support Center Service (S09): Providing non-medical care, supervision and assistance in a non-institutional group setting outside of a consumer's home. This service is for consumers who, because of the level of his or her disability, are unable to care for themselves. Services provided are necessary to prevent institutionalization and to maintain a consumer's health and safety. Care, supervision and assistance are provided in accordance with an individualized plan of care. An array of non-habilitative activities and opportunities for socialization are offered throughout the day, but not as therapeutic goals.

E. <u>Employment Services (S06 & S11)</u>: Providing intensive, on-going supports for consumers for whom competitive employment is not achievable and who, because of the level of his or her disabilities, needs support to perform in a regular work setting. Employment Services may be provided in group settings or individually. There are 2 service codes associated with this service:

- <u>Employment Services/Individual (S06)</u>: services are provided on a one-to-one basis such as a community based-individual job placement.
- <u>Employment Services/Group (S11)</u>: services are provided in a group setting such as mobile work crews or enclaves.

For more information on Day Services, please refer to the Day Services Standards on the DDSN website (www.ddsn.sc.gov).

2.   <u>Funding Sources</u>

Program funding sources are determined by DDSN before the onset of services. After a system log has been completed and submitted electronically, one of the following funding sources will appear next to each consumer's name and category totals will appear at the bottom of the log:

- ICF/IID Community (ICF/C)
- ICF/IID Regional (ICF/R)
- Waiver (ID/RD, CSW, HASCI)
- State-Funded

3.   <u>Instructions for On-Line Reporting</u>

DSAL instructional videos are available on the application portal under DDSN > Business Tools > Videos > Application Training > DSAL. These videos are helpful for learning tasks such as how to create, unlock, or reject a system log and how to add a consumer's name to a log.

A. <u>Production of Service Logs (Roll Books)</u>

Day Service logs are created in DSAL on the first calendar day of each month based on where the Service Tracking System (STS) shows a consumer as receiving services. When the logs are generated, information such as consumer names, identifying information, and service provider location are drawn from STS data. If a system log shows incorrect information, STS needs to be updated. Until STS is updated, a system log will continue to print incorrect information. Contact should be made with the consumer's Case Manager to ensure that STS is updated promptly.

B. <u>Reporting Attendance</u>

All program attendance must be tracked throughout the month. Reporting must be done for each consumer on each day of the month by marking under the appropriate date one of the following codes:

P – Individual Present
A – Individual not Present (Absent)

SCDDSN Finance Manual   **Issue Date 7/01/17**
Chapter 10: Service Units Reporting and Billings (SURB)
Day Services Reporting and Billing Procedures for DSAL 10.2   **Supersedes 9/01/13**

Exception: Employment Services-IND logs (Service Code S06) are reported in 1 hour units. You must enter the actual time of service instead of selecting present or absent.

Consumers are automatically recorded as absent on weekend days only. This attendance may be overwritten if a consumer should happen to receive day services on a weekend day.

DDSN Day Service Standards require that a consumer be present in a day service activity for a minimum of 2 – 3 hours per half day, inclusive of transportation, in order to count the time as a unit of service. Exceptions to the 2 – 3 hours rule may be made for consumers who arrive late or leave early if it is necessary for them to receive other services already identified as part of their program plan. (Examples: doctor's appointment, therapy, etc.) At no time should a consumer be counted present if he or she receives less than 2 hours of half day service, exclusive of transportation.

If a service log did not generate for a new service location and the provider is certain that a consumer is receiving service there, a log may be created by clicking on "Create Log" from the DSAL menu. Based on STS, eligible consumer names will populate a new log. If no consumers show up on STS as receiving day services at the new service location, a log will not generate and users will see a screen message stating that a log could not be created. To be clear, the condition for creating a new log is that there must be at least one consumer on STS receiving services from the new location.

If a consumer's name is omitted from a log, the name may be added to the current month's log by clicking on the "Add Consumer" button at the bottom of the log summary screen. The information on STS determines who appears on the monthly logs. Therefore, information on STS must be correct in order for the logs to generate correctly.

C. Submission of the Logs (Roll Books)

System logs must be both "Submitted" and "Approved" on DSAL by the 5th business day of the following month. A "Submitter" is defined as the employee who enters attendance data during the month. The Submitter provides the Approver completed logs for final approval and closure.

Attendance must be recorded on an ongoing basis throughout the month. At the end of the month after all attendance for the month has been entered, system logs should be "Submitted" for approval. Corrections may be made to a log after it has been submitted up until it has been "Approved." After approval, no changes may be made.

D. On-Line History

Approved roll books are maintained on-line for inquiry for eighteen (18) months. These finalized reports may be reviewed, but information may not be changed.

4. Reimbursement Procedures for Qualified Providers

Financial Managers receive the day service funding for their residential consumers. If a service provider on the Qualified Provider List (QPL) provides day services to a consumer with a Financial Manager, the Qualified Provider should invoice the Financial Manager by providing

a copy of the attendance log as backup documentation. If a Qualified Provider provides day services to a consumer who resides in a SLP or CTH I residential facility, the invoice for the day services should be mailed to **DDSN Finance Division, Attn: SURB, PO Box 4706, Columbia, SC 29240**.

For providers who prefer to upload billing documents electronically, please contact SURB about obtaining access to the Reporting and Billing Center (RBC). RBC is a secure system on DDSN's application portal for uploading confidential billing documents that go to the SURB area. **If you choose to upload documents through RBC, <u>please do not mail the originals.</u>**

5.   Confidentiality

Title II of HIPAA, known as the Administrative Simplification (AS) provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA; Pub.L. 104–191), required the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans and employers. All DDSN providers are required to comply with all applicable standards, orders and regulations pursuant to HIPAA concerning the confidentiality of information shown on all reporting documents.

6.   Special Notes

- Case Managers are responsible for updating STS to reflect the appropriate service and activity for each consumer. Directors of Day Service and Case Management must ensure updates are current to within two (2) working days of any changes.
- Day Program staff is responsible for accurately reporting attendance for each activity and the service in which the activity was provided.
- Weekends are automatically filled in as "Absent" for each consumer listed. This data may be overwritten if a consumer were to receive day services on a weekend day.
- If a consumer's name is missing from a log in DSAL, click on "Add Consumer" at the bottom of the summary screen. If STS has been updated with the service for that consumer, his or her name will appear on the next screen and may be added to the current month's log. If the correct name does not appear, contact should be made with the consumer's Case Manager to ensure that STS is updated.
- The actual hours and minutes of Employment Services-IND (S06) rendered to a consumer must be filled in on the appropriate date. A unit of service for this code is one (1) hour.
- If a consumer has been discharged, STS must be updated immediately by the consumer's Case Manager, and the Admission/Discharge/Transfer process must be completed as soon as possible.
- If it is discovered that an approved service has been delivered but was not reported and the service occurred during a prior month, a blank roll book must be used to submit the service for billing. **<u>A Service Error Correction Form should never be used to report a previously un-reported service</u>**. A blank Adult Day roll book may be used to report the service. A blank roll book form may be found on the DDSN application portal under Business Tools > Forms > Finance Manual Chapter 10.

SERVICE ERROR CORRECTION FORM

This form should be used to correct services reported in error. If services were rendered but not reported, they should be reported by recording the service and the associated date on the current applicable reporting documents (ISR, SPL, etc.). If a correction is needed other than reporting additional services, send the correction in writing to the attention of the SURB Division in DDSN Central Office Finance.

ONE CONSUMER AND ONE SERVICE PER SECF

ENTER THE CODE OF THE DOCUMENT TO BE CORRECTED: _____

Case Management SPL's	[CMSPL]	Residential	[RESID]
Early Intervention ISR's	[EIISR]	SLP I	[RESLP] (SLPII, CTHI, CTHII or CRCF)
Day Program (Adult)	[AROLL]		
Respite ISR's	[REISR]	Day Program (Child)	[CROLL]
Job Coach ISR's	[JCISR]	Rehabilitation	[REHAB]
HASCI	[HASCI]	Caregiver Services	[CRGVR]

PROVIDER
NAME: _____   PROVIDER NUMBER: _____

RESPONSIBLE STAFF WHO
REPORTED SERVICE: _____   CASE LOAD NUMBER: _____

CONSUMER'S NAME: _____   SSN # (Last 4): _____

CONSUMER'S MEDICAID NUMBER: _____

THE FOLLOWING SERVICES WERE REPORTED IN ERROR:
(Use page 2 to record more dates of service)

DATE OF SERVICE	REASON CODE	FOUND BY CODE	DATE OF SERVICE	REASON CODE	FOUND BY CODE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Reason Codes:
1. Plan out of date
2. Level of Care (LOC) out of date
3. Service not documented in plan
4. No VR letter available for supported employment
5. No medical necessity statement for Rehab Supports
6. Service was provided but was inappropriate and should not have been reported
7. No service was delivered
8. A service was indicated through fraud
9. Other (explain below: wrong service, over-reported, wrong date, etc.)

Found By Codes:
1. Responsible staff person who initially completed the original report
2. Supervisor Review
3. District/Central Office Review

_____

_____

(If more room is needed, please use comments section on page 2.)

_____   _____
DATE   SUPERVISOR SIGNATURE

CONSUMER'S NAME: CONSUMER'S SSN:
                                                  (Last 4 digits)

SERVICES REPORTED IN ERROR (CONTINUED):

DATE OF SERVICE	REASON CODE	FOUND BY CODE	DATE OF SERVICE	REASON CODE	FOUND BY CODE

ADDITIONAL COMMENTS:

_____ _____
            DATE   SUPERVISOR SIGNATURE

Section 10.5: Board-Billed Assistive Tech, Environmental or Private Vehicle Modifications Payment and Reporting Procedures

Environmental/Private Vehicle Modifications are physical adaptations made to the environment of a consumer that are required by their support plan and deemed necessary to ensure the health, welfare, safety, and functioning with greater independence thereby preventing the need for institutional placement.

Assistive Technology includes devices, controls or appliances that are specified in a consumer's support plan and which would enable him or her to increase abilities needed to perform activities of daily living or to perceive, control or communicate with the environment in which they live. This service may also include consultation and assessment to determine the specific needs related to a consumer's disability for which specialized assistive technology may assist him or her to function more independently.

For more information regarding the services described above, please refer to the ID/RD and CS Waiver Manuals available on DDSN's website.

Following are instructions for requesting payment of these services under ID/RD waiver funding. Providers are required to keep on file with the paperwork that portion of a consumer's plan that explains the purpose and need for these services.

1. Payment Procedures for ID/RD Waiver Assistive Tech, Environmental or Private Vehicle Modifications

    A. Approval Process

        (1) Environmental or Private Vehicle Modifications

           Providers should secure at least 3 bids as instructed in the DDSN ID/RD Waiver Manual. Once the bids have been received and the costs for the modification have been entered into the Waiver Tracking System, copies of all three bids along with the Waiver Acknowledgement of Lifetime Monetary Cap (Form E-1) should be forwarded to DDSN's **Cost Analysis Division**. If for any reason three bids cannot be obtained, a thorough written explanation is required before approval may be considered by Cost Analysis.

           Approval status of an ID/RD modification request may be monitored on the Waiver Tracking System. After a request has been approved, Cost Analysis will forward a copy of the bid along with an internal checklist to SURB. The bid and checklist become part of a suspense file in SURB waiting to be matched with a reimbursement request from the provider.

        (2) Assistive Technology

           First, providers must determine if an assistive technology item is covered by State Plan Medicaid, per the ID/RD Waiver Manual. Items reimbursed with waiver funds are in addition to medical or equipment supplies furnished under State Plan Medicaid but exclude items which are not of direct medical or remedial benefit to the consumer.

SCDDSN Finance Manual   **Issue Date 7/01/17**
Chapter 10: Service Units Reporting and Billings (SURB)
Board-Billed Assistive Tech, Environmental or Private Vehicle   **Supersedes 9/01/13**
  Modifications Payment and Reporting Procedures 10.5

In many cases, assistive technology can be provided by a vendor already enrolled with DHHS as a DME provider. (If a vendor is already enrolled as a DME provider, they may not opt to bill the DDSN Financial Manager.) For those times when a consumer's needs may best be met by a vendor that is <u>not</u> enrolled with DHHS, the selected vendor may contract with the Financial Manager, but only to provide medical equipment, supplies, and/or consultation.

After a vendor has been chosen who is in adherence with state procurement policies and the budget information and comments have been entered into the Waiver Tracking System and approved, the service must then be authorized by using the waiver authorization form "<u>Authorization for Specialized Medical Equipment, Supplies, and Assistive Technology</u>" per the ID/RD Waiver Manual. For vendors contracting with a DDSN Financial Manager, copies of this waiver authorization form should be forwarded to SURB.

B. <u>Submitting Invoices</u>

Reimbursement requests should be submitted within a reasonable time frame after payment to the contractor has been made. After a provider has paid for a modification, the provider should send a completed "ID/RD Waiver Request for Payment of Assistive Tech, Environmental or Private Vehicle Modifications" form to SURB (see example on page 10.5 p. 3). A blank request for payment form is available on the DDSN application portal under Business Tools >Forms> Finance Manual Chapter 10. Required attachments to this form are copies of the vendor's invoice, the provider's payment verification, and the waiver service authorization. <u>Failure to submit all of this documentation will delay the reimbursement process.</u>

All reimbursement requests received in SURB are matched and cross-checked to the suspense file. If an invoice cannot be matched with a bid and checklist, SURB will initiate contact with Cost Analysis.

If a provider incurs environmental/private vehicle modification costs without obtaining the proper approval, reimbursement requests for those costs should <u>not</u> be submitted to DDSN.

Special Note for HASCI Waiver consumers: Paid invoices and check copies should accompany the "Individual and Monthly Summary" form per Finance Manual Chapter 10, **Section 10.14: HASCI Waiver Board-Based Services Reporting and Billing Procedures**.

The form "ID/RD Waiver Request for Payment of Assistive Tech, Environmental or Private Vehicle Modifications" must contain the following information:

- The name and address of the provider responsible for overseeing the modification.

- The contact information of the employee at the provider agency overseeing the work.

- The consumer's name and last four digits of his/her social security number.

- The type of modification.

- The cost of the modification.

- The date the work was completed.

- Copies of the invoice, waiver authorization and provider's payment must accompany the request.

ID/RD Waiver Request for Payment of Assistive Tech, Environmental or Private Vehicle Modifications

Provider Agency:	
Address:	

City:	State:	Zip:

Contact Person:	Phone Number:

Consumer's Name:	SSN # (Last 4):
Type of Modification:	
Cost of Modification (Amount Requested):	
Date of Completion:	

Example

Please attach a copy of the following documentation:
➤ Vendor's invoice.
➤ Waiver Authorization.
➤ Provider's payment to the Vendor as verification.
  Failure to submit all required documentation will delay payment.

PROVIDER CERTIFICATION: *The modification listed on this form has been provided to the individual named above as per the attached documentation.*

_____   _____   _____
    Signature   *Title*   *Date*

For SURB Use	For Accounts Payable Use
The appropriate documentation has been received for this environmental modification. This invoice may be released for payment.	*The Accounts Payable audit is complete.*

Initials:	Date:	Initials:	Date:

The request for payment form must be signed and dated by the contact person at the provider responsible for overseeing the modification process. Copies of the paid invoice, the provider's check, and the waiver service authorization must be attached. The invoice copy should have a clear, handwritten note on it stating that the invoice has been paid and for what consumer the work was done. The form and its attachments should be mailed to: **DDSN, ATTN: SURB, P.O. Box 4706, Columbia, SC 29240**.

If providers prefer to upload these documents electronically, please contact SURB about obtaining access to the Reporting and Billing Center (RBC). RBC is a secure system on DDSN's portal for uploading confidential documents intended for SURB. **If you choose to upload documents through RBC, <u>please do not mail the originals</u>.**

Following are instructions for reporting modifications provided under CS waiver funding. Providers are required to keep on file with the paperwork that portion of a consumer's plan that explains the purpose and need for these services.

2.   Reporting Procedures for Community Supports Waiver (CSW) Assistive Tech, Environmental or Private Vehicle Modifications

   A.   Approval Process

   Providers should secure bids according to the procedures in the DDSN Community Supports Waiver Manual. Once the bids have been received, the costs for the modification should be entered into the Waiver Tracking System.

   B.   Service Reporting Requirements

   After the completion of a modification for a consumer with Community Supports Waiver funding, the provider should forward to SURB a completed "Community Supports Waiver Service Documentation for Assistive Tech, Environmental or Private Vehicle Modification" form (see example) along with a copy of the vendor's invoice, the check submitted to the vendor, and the appropriate waiver authorization so that Medicaid can be billed for the service. A blank form is available on the DDSN application portal under Business Tools >Forms >Finance Manual Chapter 10. Providers should either mail the form and its attachments to: **DDSN, Attn: SURB, PO Box 4706, Columbia SC 29240** or upload the documents in a PDF format to the Reporting and Billing Center (RBC) on the application portal.

Community Supports Waiver – Service Documentation
Environmental Modifications/Assistive Technology/Private Vehicle Modifications
for Services billed to the DSN Board

Provider Agency:

Address:

City: State: Zip:

Contact Person: Phone Number:

Consumer's Name: SSN # (Last 4):

Modification Type & Description:

Cost: $ Date of Completion:

PROVIDER CERTIFICATION: *The item listed on this form has been provided to the consumer named above as per the attached documentation.*

Signature   Title   Date

Please attach a copy of the following documentation:
1. Vendor's Invoice AFTER work is completed.
2. Check submitted to Contractor.
3. Completed Authorization for Service form.

This form and the documentation listed above MUST be submitted to SURB either through the RBC System or by U.S. Mail at SCDDSN Attn: SURB, PO Box 4706, Columbia, SC 29240

FOR DDSN/SURB USE ONLY
This service has been billed to Medicaid.
Signature: Date:

3.   Confidentiality

   Title II of HIPAA, known as the Administrative Simplification (AS) provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA; Pub.L. 104–191), required the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans and employers. All DDSN providers are required to comply with all applicable standards, orders and regulations pursuant to HIPAA concerning the confidentiality of information shown on all reporting documents.

SOUTH CAROLINA DEPARTMENT OF DISABILITIES & SPECIAL NEEDS

ID/RD Waiver Request for Payment of
Assistive Tech, Environmental or Private Vehicle Modifications

Provider Agency:		
Address:		
City:	**State:**	**Zip:**
Contact Person:	**Phone Number:**	

Consumer's Name:	**SSN # (Last 4):**
Type of Modification:	
Cost of Modification (Amount Requested): $	
Date of Completion:	

Please attach a copy of the following documentation:

► Vendor's invoice.

► Waiver Authorization.

► Provider's payment to the Vendor as verification.

   Failure to submit all required documentation will delay payment.

PROVIDER CERTIFICATION: *The modification listed on this form has been provided to the individual named above as per the attached documentation.*

_____   _____   _____
      Signature   *Title*   *Date*

For SURB Use		For Accounts Payable Use	
The appropriate documentation has been received for this environmental modification. This invoice may be released for payment.		*The Accounts Payable audit is complete.*	
Initials:	**Date:**	**Initials:**	**Date:**

SOUTH CAROLINA DEPARTMENT OF DISABILITIES & SPECIAL NEEDS

Community Supports Waiver – Service Documentation
Environmental Modifications/Assistive Technology/Private Vehicle Modifications
for Services billed to the DSN Board

Provider Agency:		
Address:		
City:	**State:**	**Zip:**
Contact Person:	**Phone Number:**	
Consumer's Name:	**SSN # (Last 4):**	
Modification Type & Description:		
Cost: $	**Date of Completion:**	

PROVIDER CERTIFICATION: *The item listed on this form has been provided to the consumer named above as per the attached documentation.*

Signature	*Title*	*Date*

Please attach a copy of the following documentation:

1. Vendor's Invoice AFTER work is completed.
2. Check submitted to Contractor.
3. Completed Authorization for Service form.

This form and the documentation listed above MUST be submitted to SURB either through the RBC System or by U.S. Mail at SCDDSN Attn: SURB, PO Box 4706, Columbia, SC 29240

FOR DDSN/SURB USE ONLY	
This service has been billed to Medicaid.	
Signature:	Date:

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
INDIVIDUAL SUMMARY OF BOARD-BASED HASCI SERVICES

DSN Board:					
Services Provided to:			**SS#** **(Last 4):**		
Service Invoice Code	**Unit of Service**	**Date of Service**	**No. of Units of Service**	**Rate**	**Total**
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
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				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$

REQUIREMENT: All services listed above have been provided to the individual named above. Regional documentation of service delivery is available through the DSN Board named above.

Signature _____
                   HASCI Waiver Case Manager

For Central Office Use Only
SURB Audit Complete:

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

MONTHLY PROVIDER SUMMARY OF
BOARD-BASED HASCI SERVICES

DSN Board:	
Month & Year Invoiced:	

Services Provided to:

Line #	SS# (Last 4)	Service Recipient	Amount Due
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
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			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$

REQUIREMENT: All amounts listed above are for approved HASCI Waiver services and they are supported by the attached signed INDIVIDUAL SUMMARY OF BOARD-BASED HASCI SERVICES form.

Signature _____   Signature _____
            Executive Director   *Chief Financial Officer*

Section 10.18: Waiver Credit Report Procedures

Payments to providers are based on capitated funding. Full waiver budgets, including direct-billed and board-based services, are used to calculate funding levels. Because funding bands are calculated using full services, DDSN avoids paying for the same services twice (once to the Boards and again through MMIS) by recovering from the Boards the amount actually processed through the Medicaid Management Information System (MMIS). MMIS is the entity that processes South Carolina Medicaid payments.

1.   The Waiver Credit Report Process

      DDSN receives a file monthly from the South Carolina Department of Health and Human Services (DHHS) containing all services paid by Medicaid during the prior month for consumers enrolled in the IR/RD and CS Waivers. From this file, a report of direct-billed services is extracted showing the calculated total credit for each Board. A credit adjustment is processed through DDSN Accounts Payable for each board-based service accordingly.

      Providers have access to the DDSN application portal and may run Waiver Credit Reports using the Actuate Reporting Application (R2D2). The parameters needed to run these reports (Julian Date and Year) are posted at the top of the page in R2D2 immediately after users sign-in. Instructions for running a Waiver Credit Report for your Board follow on pages 10.18 p.2 through 10.18 p.5.

2. Medicaid Payments

Medicaid pays for services as a provider bills for them. Medicaid will not pay for services that are over 365 days old. The timing of payment for services is dependent on the service provider's billing process, which can vary greatly from one provider to another.

Special Notes:

✦ Service providers have only 365 days from date of service to bill Medicaid.
✦ The Waiver Credit Report lists services that are <u>paid in a given month</u> by Medicaid regardless of the date of service.
✦ Services may be paid in a 12-month period that could, possibly, represent services over a 24-month period.

3. Processing Credits

Due to the time lag between payment by MMIS and DDSN's receipt of the monthly report, and because Board payments are generally processed two weeks before they are due, credits to the Boards are processed during the third month, after the MMIS payment.

The following is an example of what this schedule looks like:

Contract Payment Number	Contract Payment due to Board on or before	Credit Reflects Payments made by MMIS during the month of
1	1-Jul	April
2	1-Aug	May
3	1-Sep	June
4	1-Oct	July
5	1-Nov	August
6	1-Dec	September
7	1-Jan	October
8	1-Feb	November
9	1-Mar	December
10	1-Apr	January
11	1-May	February
12	1-Jun	March

Special Note:

✦ The <u>last month</u> for any given fiscal year is <u>March</u>, which is credited against June payments.

4. Review Process and Submission of Reimbursement Request

Monitorship is important for many reasons but part of the purpose of monitorship is to prevent a service provider from delivering services in excess of the units authorized or not providing services that are authorized. Occasionally, these types of errors do occur. They may be the result of a variety of circumstances but regardless, action must be taken by the Case Manager to communicate with the service provider and determine the source of the problem and initiate the necessary corrective action.

A. After running a Waiver Credit Report, **please review it carefully for errors. Requests for corrective action must be made directly to the service provider.** Per HIPAA requirements, service providers must reimburse Medicaid for overpayments, use of wrong procedure codes, duplicate payments, etc. For instructions on how to refund Medicaid, please refer to the SCDHHS website: https://www.scdhhs.gov/provider.

Once the original claim has been reversed, the service provider should issue a new replacement claim, if applicable. For claims that have been reversed, the amount of the claim will appear on the Waiver Credit Report as a negative number.

If necessary, DDSN can assist Boards with unresolved issues involving service providers and DHHS. However, before this step is taken – all efforts must be made with the service provider to correct the billing error(s) before asking DDSN for assistance. A written record of the attempts to resolve the issue will be required before DDSN contacts DHHS on a DDSN Provider's behalf.

Special Note:

Before contacting the service provider regarding an error, ask yourself the following questions:

– Is the authorization correct? Does the authorization need to be modified to reflect any added or deleted services?

– Is the budget correct? Does the budget need to be modified to reflect any added or deleted services?

B. PCA services delivered to consumers under the age of 21, along with nursing services and incontinence supplies are considered State Plan services and therefore are not part of Band payments.

C. For consumers charged to your Waiver Credit Report that are not your responsibility:

(1). Photocopy the page from the Waiver Credit Report pertaining to the consumer.

(2). Write on the copy that the consumer belongs to another provider and supply effective dates for any transfers or terminations. Forward the copy to SURB with a cover memo explaining the details.

D. Environmental Modifications charged to Waiver Credit Reports may be reimbursed after review and verification. To facilitate your request, send a letter to DDSN Attn: SURB requesting reimbursement. In the letter, please include the consumer's name and social security number. Also, attach the following documents:

(1). A copy of the page from the Waiver Credit Report pertaining to the consumer, and
(2). A copy of the authorization pertaining to the consumer.

E. If a service provider is not cooperative and you suspect Medicaid Fraud, please contact SURB immediately by calling (803) 898-9626.

5. Submission of Correspondence

Please direct all correspondence pertaining to adjustment requests (along with any attachments) to **DDSN, ATTN: SURB, P.O. Box 4706, Columbia, SC 29240**.

For providers who prefer to upload these documents electronically, please contact SURB about obtaining access to the Reporting and Billing Center (RBC). RBC is a secure system on DDSN's application portal for uploading confidential billing documents that go to the SURB area. **If you choose to upload documents through RBC, <u>please do not mail the originals.</u>**

6. <u>DDSN Response to Reviews/Questions</u>

DDSN will review all reimbursement requests along with any attachments. If in agreement with a submitter's assessment, a "Waiver Credit Report Reimbursement Memo" will be completed and emailed to you, and you will see a payment adjustment on a future payment schedule referencing the Memo you received. For each reimbursement request submitted, you will receive an approval memo or a phone call requesting additional information. If DDSN disagrees with the request, contact will be made directly either by phone or email.

7. <u>Time Limits on Reviews and Adjustments</u>

DSN Boards have six (6) months to report possible errors discovered in Waiver Credit Reports. For example, a November 2016 report processed against payments on February 2017 would have to be reviewed and errors reported back to DDSN by August 1, 2017. Once a possible error is reported, there is no time limit placed on a resolution.

8. <u>Confidentiality of On-Line Documentation</u>

Title II of HIPAA, known as the Administrative Simplification (AS) provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA; Pub.L. 104–191), required the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans and employers. All DDSN providers are required to comply with all applicable standards, orders and regulations pursuant to HIPAA concerning the confidentiality of information shown on all on-line reporting documents.

Training Meeting Packet

Waiver Credit Reports (WCR)

The Waiver Credit Reports Procedures from the SCDDSN Finance Manual is available for review on the DDSN Portal. Please refer to Section 18 of the Finance Manual.

- ❖ DDSN Portal > R2D2 > Business Tools > Forms > Finance Manual Chapter 10 >

    C10S18 Waiver Credit Report Procedures

The Waiver Credit Reports operate on a 3 month lag, so for example the April 2019 WCR will be deducted from your July 2019 payment.

When running the **Credit Report by Financial Manager** make sure to exclude "Excl PCA for under 21 & All Nursing Srv" (now considered State Plan services and therefore are not part of band payments). The IT Department made changes to exclude Prescription Drugs (now all covered under the State Plan) from the report, so you do not need to include "!EI" in the Fund Type parameter.

Parameters	
1-Required Parameters	
Assistive Technology > $1000	Exclude
Consumer Type	Excl PCA for under 21 & All Nursing Srv
Type Report	Detail & Summary Report
Report Month	July
Report Year	2018
Type Waiver	ID/RD
2-Optional Parameters	
Fund Type	
Medicaid#	
Procedure Code	
Financial Manager	

To agree your WCR to your payment schedule you will need to divide your total by 2 (payment schedules are issued bi-weekly).

Review the report monthly to ensure that the consumers and charges are correct. Service providers have **only 365 days** from date of service to bill Medicaid. The timing of payment for services is dependent on the service provider's billing process, which can vary greatly from one provider to another. The WCR lists services that are **paid in a given month** by Medicaid regardless of the date of service.

It is also important to review the WCR to prevent a service provider from delivering services in excess of the units authorized or not providing services that are authorized. When this occurs please communicate with the Case Manager and the service provider to determine if Medicaid needs to reimbursed, change of the procedure code, reverse the original claim and issue a replacement claim if needed, etc.

Reimbursement requests must be received within 6 months of the date the payment was recouped on your payment. Your request will be reviewed and a memo will be sent to you detailing the resolution.

Running Reports in the DDSN Portal

If you need access to the DDSN Portal please contact our Helpdesk by phone at 803-898-9767 or by email at Helpdesk@ddsn.sc.gov.

Invoices will be available after the close of the 5th working day of the month. If there is a problem with running the invoices a message will be posted by our IT Department on the home screen of the DDSN Portal notifying you of any delays.

RESLOG & DSAL

System logs must be both **submitted** and **approved** on RESLOG **no later than 4pm on the 5th working day of the month**.

Residential logs are created in RESLOG on the first calendar day of each month based on where the Service Tracking System (STS) shows a consumer as receiving residential services. If a log displays incorrect information, STS needs to be updated.

Service Error Correction Form (SECF)

Errors in services already reported may not be corrected through the automated reporting systems. Errors discovered once a log has been submitted and approved may only be corrected by submitting a completed SECF to the SURB area.

Individual Service Reports (ISRs)

Respite, Companion/Caregiver, SLP I

Printed ISRs for the next month's services are mailed out on or about the 25th. Completed ISRs and signed Summary Reports should be submitted by the **5th working day of the subsequent month**.

ISRs must be completed during the month of service and submitted in a timely manner to DDSN. If no service is rendered during the month, write **no services received** in the comment section of the space provided on the ISR.

CSW Procedure Codes and Modifiers by Type Fund

CSW

Type Fund	Procedure Code	Modifier	Service	Comments
VL	A0120	000	ADULT DAY HLTH TRANS	
VL	A4554	0KX	ASSISTIVE TECHNOLOGY	
VL	A4554	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OD	A4554	000	ASSISTIVE TECHNOLOGY	
VL	A4554	000	ASSISTIVE TECHNOLOGY	
VL	A4927	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
XJ	G0177	000	SUPPORT CENTER SERVS	
Y7	H0023	000	BEHAVIOR SUPPORTS	
XJ	H0045	000	RESPITE-ICF/ID	
Y7	H0046	000	PSYCH SVC-COUNSELING	
XJ	H2016	0SE	COMMUNITY SERV-IND	
XJ	H2016	000	COMMUNITY SERVICES	
XJ	H2025	000	EMPLOYMENT SERV-IND	
XJ	H2026	000	EMPLOYMENT SERV-GRP	
VL	S5130	000	PERSONAL CARE I	
VL	S5130	076	PERSONAL CARE I	
VL	S5150	000	RESP-HRLY OR RESP-HRLY/DOC RATE	
XJ	S5150	000	RESP-HRLY OR RESP-HRLY/DOC RATE	
VL	S5150	076	RESP-HRLY OR RESP-HRLY/DOC RATE	
XJ	S5150	076	RESP-HRLY OR RESP-HRLY/DOC RATE	
VL	S5150	077	RESP-HRLY OR RESP-HRLY/DOC RATE	
VL	S5150	079	RESP-HRLY OR RESP-HRLY/DOC RATE	
XJ	S5151	000		
VL	S5160	000	PER EMERG RESPON SYS	
OD	S5161	000	PER EMERG RESPON SYS	
VL	S5161	000	PER EMERG RESPON SYS	
VL	S5165	000	ENVIRONMENTAL MODS	
XJ	S5165	000	ENVIRONMENTAL MODS	
VL	T1019	000	PERSONAL CARE II	
VL	T1019	076	PERSONAL CARE II	
VL	T1019	077	PERSONAL CARE II	
VL	T1019	079	PERSONAL CARE II	
XJ	T2014	000	CAREER PREPARATION	
XJ	T2020	000	DAY ACTIVITY	
XJ	T2025	000	IN HOME SRV-SELF DIR	
XJ	T2025	076	IN HOME SRV-SELF DIR	
OD	T2028	000	ASSISTIVE TECHNOLOGY	
VL	T2028	000	ASSISTIVE TECHNOLOGY	
XJ	T2028	000	ASSISTIVE TECHNOLOGY	
VL	T2029	000	ASSISTIVE TECHNOLOGY	
XJ	T2029	000	ASSISTIVE TECHNOLOGY	
XJ	T2039	000	PRIV VEHICLE MOD	
VL	T4521	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VL	T4521	000	ASSISTIVE TECHNOLOGY	
VL	T4522	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OD	T4522	000	ASSISTIVE TECHNOLOGY	
VL	T4522	000	ASSISTIVE TECHNOLOGY	

CSW Procedure Codes and Modifiers by Type Fund

CSW

Type Fund	Procedure Code	Modifier	Service	Comments
VL	T4523	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OD	T4523	000	ASSISTIVE TECHNOLOGY	
VL	T4523	000	ASSISTIVE TECHNOLOGY	
VL	T4523	076	ASSISTIVE TECHNOLOGY	
VL	T4524	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OD	T4524	000	ASSISTIVE TECHNOLOGY	
VL	T4524	000	ASSISTIVE TECHNOLOGY	
VL	T4525	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OD	T4525	000	ASSISTIVE TECHNOLOGY	
VL	T4525	000	ASSISTIVE TECHNOLOGY	
VL	T4526	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OD	T4526	000	ASSISTIVE TECHNOLOGY	
VL	T4526	000	ASSISTIVE TECHNOLOGY	
VL	T4527	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OD	T4527	000	ASSISTIVE TECHNOLOGY	
VL	T4527	000	ASSISTIVE TECHNOLOGY	
VL	T4528	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OD	T4528	000	ASSISTIVE TECHNOLOGY	
VL	T4528	000	ASSISTIVE TECHNOLOSGY	
VL	T4529	000	ASSISTIVE TECHNOLOGY	
VL	T4530	000	ASSISTIVE TECHNOLOGY	
VL	T4532	000	ASSISTIVE TECHNOLOGY	
OD	T4533	000	ASSISTIVE TECHNOLOGY	
VL	T4533	000	ASSISTIVE TECHNOLOGY	
VL	T4534	0KX	ASSISTIVE TECHNOLOGY	
VL	T4534	0SC	ASSISTIVE TECHNOLOGY	
VL	T4534	000	ASSISTIVE TECHNOLOGY	
VL	T4534	076	ASSISTIVE TECHNOLOGY	
VL	T4535	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OD	T4535	000	ASSISTIVE TECHNOLOGY	
VL	T4535	000	ASSISTIVE TECHNOLOGY	
VL	T4543	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OD	T4543	000	ASSISTIVE TECHNOLOGY	
VL	T4543	000	ASSISTIVE TECHNOLOGY	
VL	T5999	0KX	ASSISTIVE TECHNOLOGY	
VL	T5999	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OD	T5999	000	ASSISTIVE TECHNOLOGY	
VL	T5999	000	ASSISTIVE TECHNOLOGY	
VL	X2045	000	ADLT DAY HLTH NURSNG	
VL	X6987	000	ADULT DAY HEALTH	
VL	X6987	076	ADULT DAY HEALTH	
Y7	90801	000	PSYCH EVALUATION	
Y7	96118	0AH	PSYCH EVALUATION	

SC Department of Disabilities and Special Needs

HASCI Procedure Codes and Modifiers by Type Fund

HASCI	Type Fund	Procedure Code	Modifier	Service	Comments
	EN			PRESCRIBED DRUGS	
	OI	A4554	0GY	ASSISTIVE TECHNOLOGY	
	VQ	A4554	0GY	ASSISTIVE TECHNOLOGY	
	VQ	A4554	0GZ	ASSISTIVE TECHNOLOGY	
	VQ	A4554	0KX	ASSISTIVE TECHNOLOGY	
	VQ	A4554	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	VQ	A4554	0SG	ASSISTIVE TECHNOLOGY	
	OI	A4554	000	ASSISTIVE TECHNOLOGY	
	VQ	A4554	000	ASSISTIVE TECHNOLOGY	
	OI	A4554	076	ASSISTIVE TECHNOLOGY	
	VQ	A4554	076	ASSISTIVE TECHNOLOGY	
	VQ	A4927	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	VQ	A4927	000	INCONTINENCE SUPPLIE	
	X9	H0023	000	BEHAVIOR SUPPORTS	
	Y;	H0023	000	BEHAVIOR SUPPORTS	
	Y;	H0023	059	BEHAVIOR SUPPORTS	
	X9	H0045	000	RESPITE-ICF/ID	
	X9	H0046	000	BEH SUPPORT EVAL	
	X9	H0046	000	FAMILY/IND. THERAPY	
	X9	H0046	000	PSYCH-ASSESS/TREAT	
	Y;	H0046	000	FAMILY/IND. THERAPY	
	Y;	H0046	000	LICENSE PSYCHOLOGIST	
	Y;	H0046	000	PSYCH-ASSESS/TREAT	
	VQ	S5121	0U1		
	VQ	S5121	000		
	OI	S5160	000	PER EMERG RESPON SYS	
	VQ	S5160	000	PER EMERG RESPON SYS	
	X9	S5160	000	PER EMERG RESPON SYS	
	OI	S5161	0RR	PER EMERG RESPON SYS	
	OI	S5161	000	PER EMERG RESPON SYS	
	VQ	S5161	000	PER EMERG RESPON SYS	
	X9	S5161	000	PER EMERG RESPON SYS	
	VQ	S5161	076	PER EMERG RESPON SYS	
	OI	S5165	000	ENVIRONMENTAL MODS	
	VQ	S5165	000	ENVIRONMENTAL MODS	
	X9	S5165	000	ENVIRONMENTAL MODS	
	VQ	S9123	0TG	HASCI-PRIV NUR, RN	
	VQ	S9123	000	HASCI-PRIV NUR, RN	
	VQ	S9123	076	HASCI-PRIV NUR, RN	
	VQ	S9124	0TG	HASCI-PRIV NUR, LPN	
	VQ	S9124	000	HASCI-PRIV NUR, LPN	
	VQ	S9124	076	HASCI-PRIV NUR, LPN	
	VQ	S9124	077	HASCI-PRIV NUR, LPN	
	VQ	T1002	000	RN SPECIALIZED CHILD	
	X9	T2025	000	IN HOME SRV-SELF DIR	
	VQ	T2029	000	ASSISTIVE TECHNOLOGY	
	OI	T2039	000	PRIV VEHICLE MOD	

HASCI Procedure Codes and Modifiers by Type Fund

HASCI

Type Fund	Procedure Code	Modifier	Service	Comments
VQ	T2039	000	PRIV VEHICLE MOD	
X9	T2039	000	PRIV VEHICLE MOD	
VQ	T4521	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OI	T4521	000	ASSISTIVE TECHNOLOGY	
VQ	T4521	000	ASSISTIVE TECHNOLOGY	
VQ	T4522	0KX	ASSISTIVE TECHNOLOGY	
VQ	T4522	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OI	T4522	000	ASSISTIVE TECHNOLOGY	
VQ	T4522	000	ASSISTIVE TECHNOLOGY	
VQ	T4523	0KX	ASSISTIVE TECHNOLOGY	
VQ	T4523	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OI	T4523	000	ASSISTIVE TECHNOLOGY	
VQ	T4523	000	ASSISTIVE TECHNOLOGY	
VQ	T4523	076	ASSISTIVE TECHNOLOGY	
VQ	T4524	0KX	ASSISTIVE TECHNOLOGY	
VQ	T4524	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OI	T4524	000	ASSISTIVE TECHNOLOGY	
VQ	T4524	000	ASSISTIVE TECHNOLOGY	
VQ	T4525	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OI	T4525	000	ASSISTIVE TECHNOLOGY	
VQ	T4525	000	ASSISTIVE TECHNOLOGY	
VQ	T4526	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OI	T4526	000	ASSISTIVE TECHNOLOGY	
VQ	T4526	000	ASSISTIVE TECHNOLOGY	
VQ	T4527	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VQ	T4527	0SG	ASSISTIVE TECHNOLOGY	
OI	T4527	000	ASSISTIVE TECHNOLOGY	
VQ	T4527	000	ASSISTIVE TECHNOLOGY	
VQ	T4527	076	ASSISTIVE TECHNOLOGY	
VQ	T4528	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OI	T4528	000	ASSISTIVE TECHNOLOGY	
VQ	T4528	000	ASSISTIVE TECHNOLOGY	
VQ	T4528	080	ASSISTIVE TECHNOLOGY	
VQ	T4530	0SC	ASSISTIVE TECHNOLOGY	
OI	T4530	000	ASSISTIVE TECHNOLOGY	
VQ	T4530	000	ASSISTIVE TECHNOLOGY	
OI	T4533	000	ASSISTIVE TECHNOLOGY	
VQ	T4534	0SC	ASSISTIVE TECHNOLOGY	
OI	T4534	000	ASSISTIVE TECHNOLOGY	
VQ	T4534	000	ASSISTIVE TECHNOLOGY	
VQ	T4535	0KX	ASSISTIVE TECHNOLOGY	
VQ	T4535	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OI	T4535	000	ASSISTIVE TECHNOLOGY	
VQ	T4535	000	ASSISTIVE TECHNOLOGY	
VQ	T4543	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OI	T4543	000	ASSISTIVE TECHNOLOGY	
VQ	T4543	000	ASSISTIVE TECHNOLOGY	

HASCI Procedure Codes and Modifiers by Type Fund

HASCI

Type Fund	Procedure Code	Modifier	Service	Comments
VQ	T5999	0CS	ASSISTIVE TECHNOLOGY	
VQ	T5999	0KX	ASSISTIVE TECHNOLOGY	
VQ	T5999	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OI	T5999	000	ASSISTIVE TECHNOLOGY	
VQ	T5999	000	ASSISTIVE TECHNOLOGY	
VQ	T5999	025	ASSISTIVE TECHNOLOGY	
KG	V2020	000	ADULT VISION	
KG	V2199	0LT	ADULT VISION	
KG	V2199	0RT	ADULT VISION	
KG	V2299	0LT	ADULT VISION	
KG	V2299	0RT	ADULT VISION	
VQ	X0241	000	ATTEN CARE SVC-HASCI	
VQ	X0241	073	ATTEN CARE SVC-HASCI	
VQ	X0241	074	ATTEN CARE SVC-HASCI	
VQ	X0241	076	ATTEN CARE SVC-HASCI	
VQ	X0241	077	ATTEN CARE SVC-HASCI	
VQ	X0241	079	ATTEN CARE SVC-HASCI	
X9	X0243	000	ATTEN CARE SVC-HASCI	
X9	X0247	000	ATTEN CARE SVC-HASCI	
X9	X0247	076	ATTEN CARE SVC-HASCI	
X9	X1000	000	HASCI RESIDENTIAL	
X9	X1001	000	HASCI PRE VOC	
X9	X1002	000	CAREER PREPARATION	
X9	X1003	000	HASCI DAY HAB	
VQ	X1922	0GY	ASSISTIVE TECHNOLOGY	
VQ	X1922	0KX	ASSISTIVE TECHNOLOGY	
VQ	X1922	0NU	ASSISTIVE TECHNOLOGY	
VQ	X1922	0SC	ASSISTIVE TECHNOLOGY	
OI	X1922	000	ASSISTIVE TECHNOLOGY	
VQ	X1922	000	ASSISTIVE TECHNOLOGY	
X9	X1922	000	ASSISTIVE TECHNOLOGY	
VQ	X1922	050	ASSISTIVE TECHNOLOGY	
OI	X1922	076	ASSISTIVE TECHNOLOGY	
VQ	X1922	076	ASSISTIVE TECHNOLOGY	
X9	X1922	076	ASSISTIVE TECHNOLOGY	
VQ	X7028	000	RESP-HRLY OR RESP-HRLY/DOC RATE	
X9	X7028	000	RESP-HRLY OR RESP-HRLY/DOC RATE	
VQ	X7028	076	RESP-HRLY OR RESP-HRLY/DOC RATE	
X9	X7028	076	RESP-HRLY OR RESP-HRLY/DOC RATE	
ZX	92506	0HA	ASSESS-COMMUNICATION	
JY	92507	000		
ZX	92507	000	OTHER COMMUN. SVCS	
JY	92557	000		
ZW	92557	000	ASSESS-COMMUNICATION	
ZW	92567	000	AUDIOLOGY EVALUATION	
Y?	97001	0GP	PHYSICAL THERAPY	
Y:	97003	0GO	PHYSICAL THERAPY	

HASCI Procedure Codes and Modifiers by Type Fund

HASCI

Type Fund	Procedure Code	Modifier	Service	Comments
Y?	97110	0GP	PHYSICAL THERAPY	
Y:	97110	0GP		
Y:	97113	0GO	OCCUPATIONAL THERAPY	
Y?	97113	0GP	PHYSICAL THERAPY	
Y?	97140	0GP		
Y?	97161	0GP		
Y?	97161	000		
Y?	97162	0GP		
Y?	97162	000		
Y?	97163	0GP		
Y?	97163	000		
Y?	97164	0GP		
Y?	97164	000		
Y:	97165	0GO		
Y:	97530	0GO	PHYSICAL THERAPY	
Y?	97530	0GP	PHYSICAL THERAPY	
Y:	97530	0GP	PHYSICAL THERAPY	

ID/RD Procedure Codes and Modifiers by Type Fund

Type Fund	Procedure Code	Modifer	Service	Comments
EI			PRESCRIBED DRUGS	
VF	A0120	000	ADULT DAY HLTH TRANS	
VF	A4554	0KX	ASSISTIVE TECHNOLOGY	
VF	A4554	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	A4927	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
FC	D0120	000	ADULT DENTAL	
FC	D0140	000	ADULT DENTAL	
FC	D0150	000	ADULT DENTAL	
FC	D0210	000	ADULT DENTAL	
FC	D0220	000	ADULT DENTAL	
FC	D0230	000	ADULT DENTAL	
FC	D0272	000	ADULT DENTAL	
FC	D0274	000	ADULT DENTAL	
FC	D0330	000	ADULT DENTAL	
FC	D1110	000	ADULT DENTAL	
FC	D2140	000	ADULT DENTAL	
FC	D2150	000	ADULT DENTAL	
FC	D2160	000	ADULT DENTAL	
FC	D2161	000	ADULT DENTAL	
FC	D2330	000	ADULT DENTAL	
FC	D2331	000	ADULT DENTAL	
FC	D2332	000	ADULT DENTAL	
FC	D2335	000	ADULT DENTAL	
FC	D2391	000	ADULT DENTAL	
FC	D2392	000	ADULT DENTAL	
FC	D2393	000	ADULT DENTAL	
FC	D2394	000	ADULT DENTAL	
FC	D7140	000	ADULT DENTAL	
FC	D7210	000	ADULT DENTAL	
FC	D7230	000	ADULT DENTAL	
FC	D7240	000	ADULT DENTAL	
FC	D7250	000	ADULT DENTAL	
FC	D9222	000	ADULT DENTAL	
FC	D9223	000	ADULT DENTAL	
FC	D9230	000	ADULT VISION	
FC	D9248	000	ADULT DENTAL	
XX	G0177	000	SUPPORT CENTER SERVS	
Y=	H0023	000	BEHAVIOR SUPPORTS	
Y=	H0023	059	BEHAVIOR SUPPORTS	
XX	H0045	000	RESPITE-ICF/ID	
Y=	H0046	000	BEH SUPPORT EVAL	
Y=	H0046	000	FAMILY/IND. THERAPY	
Y=	H0046	000	PSYCH-ASSESS/TREAT	
XX	H2016	000	COMMUNITY SERVICES	
XX	H2025	000	EMPLOYMENT SERV-IND	

ID/RD Procedure Codes and Modifiers by Type Fund

Type Fund	Procedure Code	Modifer	Service	Comments
XX	H2026	000	EMPLOYMENT SERV-GRP	
VF	S5121	0U1	PEST CONTROL TREATMN	
VF	S5121	000	PEST CONTROL TREATMN	
VF	S5130	000	PERSONAL CARE I	
VF	S5130	074	PERSONAL CARE I	
VF	S5130	076	PERSONAL CARE I	
VF	S5160	000	PER EMERG RESPON SYS	
VF	S5161	000	PER EMERG RESPON SYS	
XX	S5165	000	ENVIRONMENTAL MODS	
VF	S9123	000	NURSING -RN	
VF	S9123	076	NURSING -RN	
VF	S9123	077	NURSING -RN	
VF	S9124	000	NURSING -LPN	
VF	S9124	076	NURSING -LPN	
VF	S9124	077	NURSING -LPN	
VF	T1002	000	RN SPECIALIZED CHILD	
VF	T1002	076	RN SPECIALIZED CHILD	
VF	T1002	077	RN SPECIALIZED CHILD	
VF	T1003	000	LPN SPECIALIZD CHILD	
VF	T1003	076	LPN SPECIALIZD CHILD	
VF	T1003	077	LPN SPECIALIZD CHILD	
VF	T1019	0T1	PERSONAL CARE II	
VF	T1019	000	PERSONAL CARE II	
VF	T1019	074	PERSONAL CARE II	
VF	T1019	076	PERSONAL CARE II	
XX	T2014	000	CAREER PREPARATION	
XX	T2020	000	DAY ACTIVITY	
VF	T2025	000	IN HOME SRV-SELF DIR	
XX	T2025	000	IN HOME SRV-SELF DIR	
VF	T2029	0U1	SME/AST TEC ASMT/CON	
VF	T2029	000	SME/AST TEC ASMT/CON	
XX	T2039	000	PRIV VEHICLE MOD	
VF	T4521	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T4522	0KX	ASSISTIVE TECHNOLOGY	
VF	T4522	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T4523	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T4524	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T4525	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T4526	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T4526	076	ASSISTIVE TECHNOLOGY	
VF	T4527	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T4528	0KX	ASSISTIVE TECHNOLOGY	
VF	T4528	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T4530	0KX	ASSISTIVE TECHNOLOGY	
VF	T4532	0KX	ASSISTIVE TECHNOLOGY	

ID/RD Procedure Codes and Modifiers by Type Fund

Type Fund	Procedure Code	Modifer	Service	Comments
VF	T4533	0KX	ASSISTIVE TECHNOLOGY	
VF	T4534	0KX	ASSISTIVE TECHNOLOGY	
VF	T4534	0SC	ASSISTIVE TECHNOLOGY	
VF	T4534	076	ASSISTIVE TECHNOLOGY	
VF	T4535	0KX	ASSISTIVE TECHNOLOGY	
VF	T4535	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T4543	0KX	ASSISTIVE TECHNOLOGY	
VF	T4543	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T5999	0KX	ASSISTIVE TECHNOLOGY	
VF	T5999	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
KJ	V2020	0Q5	ADULT VISION	
KJ	V2020	0RA	ADULT VISION	
KJ	V2020	0U9	ADULT VISION	
KH	V2020	000	ADULT VISION	
KJ	V2020	000	ADULT VISION	
KJ	V2100	0LT	ADULT VISION	
KJ	V2100	0RT	ADULT VISION	
KH	V2100	000	ADULT VISION	
KJ	V2100	000	ADULT VISION	
KJ	V2101	0LT	ADULT VISION	
KJ	V2101	0RT	ADULT VISION	
KH	V2101	000	ADULT VISION	
KJ	V2101	000	ADULT VISION	
KJ	V2102	0LT	ADULT VISION	
KJ	V2102	0RT	ADULT VISION	
KJ	V2102	000	ADULT VISION	
KJ	V2103	0LT	ADULT VISION	
KJ	V2103	0RA	ADULT VISION	
KJ	V2103	0RT	ADULT VISION	
KH	V2103	000	ADULT VISION	
KJ	V2103	000	ADULT VISION	
KJ	V2104	0LT	ADULT VISION	
KJ	V2104	0RT	ADULT VISION	
KJ	V2104	000	ADULT VISION	
KJ	V2105	0LT	ADULT VISION	
KJ	V2105	0RT	ADULT VISION	
KJ	V2105	000	ADULT VISION	
KJ	V2106	0RT	ADULT VISION	
KJ	V2106	000	ADULT VISION	
KJ	V2107	0LT	ADULT VISION	
KJ	V2107	0RT	ADULT VISION	
KJ	V2107	000	ADULT VISION	
KJ	V2108	0LT	ADULT VISION	
KJ	V2108	0RT	ADULT VISION	
KJ	V2108	000	ADULT VISION	

ID/RD Procedure Codes and Modifiers by Type Fund

Type Fund	Procedure Code	Modifer	Service	Comments
KJ	V2109	0RT	ADULT VISION	
KJ	V2109	000	ADULT VISION	
KJ	V2111	0LT	ADULT VISION	
KJ	V2111	0RT	ADULT VISION	
KJ	V2111	000	ADULT VISION	
KJ	V2112	0LT	ADULT VISION	
KJ	V2112	0RT	ADULT VISION	
KJ	V2112	000	ADULT VISION	
KJ	V2113	0RT	ADULT DENTAL	
KJ	V2113	000	ADULT DENTAL	
KJ	V2114	0LT	ADULT VISION	
KJ	V2114	0RT	ADULT VISION	
KJ	V2114	000	ADULT VISION	
KJ	V2200	0LT	ADULT VISION	
KJ	V2200	0RT	ADULT VISION	
KJ	V2200	000	ADULT VISION	
KJ	V2201	0LT	ADULT VISION	
KJ	V2201	0RT	ADULT VISION	
KJ	V2201	000	ADULT VISION	
KJ	V2202	000	ADULT VISION	
KJ	V2203	0LT	ADULT VISION	
KJ	V2203	0RA	ADULT VISION	
KJ	V2203	0RT	ADULT VISION	
KJ	V2203	000	ADULT VISION	
KJ	V2204	0LT	ADULT VISION	
KJ	V2204	0RA	ADULT VISION	
KJ	V2204	0RT	ADULT VISION	
KJ	V2204	000	ADULT VISION	
KJ	V2205	0LT	ADULT VISION	
KJ	V2205	000	ADULT VISION	
KJ	V2207	0LT	ADULT VISION	
KJ	V2207	0RA	ADULT VISION	
KJ	V2207	0RT	ADULT VISION	
KJ	V2207	000	ADULT VISION	
KJ	V2208	0RA	ADULT VISION	
KJ	V2208	000	ADULT VISION	
KJ	V2211	0RA	ADULT VISION	
KJ	V2211	0RT	ADULT VISION	
KJ	V2211	000	ADULT VISION	
KJ	V2520	000	ADULT VISION	
KJ	V2744	0LT	ADULT VISION	
KJ	V2744	0RT	ADULT VISION	
KJ	V2744	000	ADULT VISION	
KJ	V2755	0LT	ADULT VISION	
KJ	V2755	0RT	ADULT VISION	

ID/RD Procedure Codes and Modifiers by Type Fund

Type Fund	Procedure Code	Modifer	Service	Comments
KH	V2755	000	ADULT VISION	
KJ	V2755	000	ADULT VISION	
KJ	V2780	000	ADULT VISION	
KJ	V2784	0LT	ADULT VISION	
KJ	V2784	0RA	ADULT VISION	
KJ	V2784	0RT	ADULT VISION	
KH	V2784	000	ADULT VISION	
KJ	V2784	000	ADULT VISION	
ZS	V5011	000	AUDIOLOGY SERVICES	
OG	V5030	0LT	AUDIOLOGY SERVICES	
OG	V5030	0RT	AUDIOLOGY SERVICES	
OG	V5050	0LT	AUDIOLOGY SERVICES	
OG	V5050	0RT	AUDIOLOGY SERVICES	
OG	V5060	0LT	AUDIOLOGY SERVICES	
OG	V5060	0RT	AUDIOLOGY SERVICES	
OG	V5264	0LT	AUDIOLOGY SERVICES	
OG	V5264	0RT	AUDIOLOGY SERVICES	
OG	V5266	0RT	AUDIOLOGY SERVICES	
OG	V5266	000	AUDIOLOGY SERVICES	
OG	V5267	0RT	AUDIOLOGY SERVICES	
ZS	V5275	0LT	AUDIOLOGY SERVICES	
ZS	V5275	0RT	AUDIOLOGY SERVICES	
XX	X0247	000	PERSONAL CARE II	
XX	X0247	000	UAP ATTENDANT CARE	
XX	X0247	076	PERSONAL CARE II	
XX	X0247	076	UAP ATTENDANT CARE	
VF	X1915	0LT	ASSISTIVE TECHNOLOGY	
VF	X1915	0RT	ASSISTIVE TECHNOLOGY	
VF	X1915	000	ASSISTIVE TECHNOLOGY	
VF	X1916	0LT	ASSISTIVE TECHNOLOGY	
VF	X1916	0RT	ASSISTIVE TECHNOLOGY	
VF	X1916	000	ASSISTIVE TECHNOLOGY	
XX	X1916	000	ASSISTIVE TECHNOLOGY	
VF	X2045	000	ADLT DAY HLTH NURSNG	
XX	X6974	000	SLP I	
XX	X6974	076	SLP I	
XX	X6975	000	CRCF	
XX	X6975	000	CTH I	
XX	X6975	000	CTH II	
XX	X6975	000	SLP II	
VF	X6985	000	RESP-HRLY OR RESP-HRLY/DOC RAT	
XX	X6985	000	RESP-HRLY OR RESP-HRLY/DOC RAT	
VF	X6985	076	RESP-HRLY OR RESP-HRLY/DOC RAT	
XX	X6985	076	RESP-HRLY OR RESP-HRLY/DOC RAT	
XX	X6986	000	ADULT COMPANION	

ID/RD Procedure Codes and Modifiers by Type Fund

Type Fund	Procedure Code	Modifer	Service	Comments
VF	X6987	000	ADULT DAY HEALTH	
VF	X6987	076	ADULT DAY HEALTH	
XX	X9322	000	PRIV VEHICLE MOD	
DS	1		ADULT DENTAL	
FC	41874	000	ADULT DENTAL	
KJ	92340	0RA	ADULT VISION	
KH	92340	000	ADULT VISION	
KJ	92340	000	ADULT VISION	
KJ	92341	000	ADULT VISION	
KJ	92342	000	ADULT VISION	
Y(	92507	000	PHYSICAL THERAPY	
ZT	92507	000	SPEECH EVALUATION	
ZT	92523	000		
ZT	92526	000		
ZS	92552	000	SPEECH EVALUATION	
ZS	92557	000	SPEECH EVALUATION	
ZS	92557	052	SPEECH EVALUATION	
ZS	92567	000	SPEECH EVALUATION	
ZS	92579	000	AUDIOLOGY SERVICES	
ZS	92585	000	AUDIOLOGY SERVICES	
ZS	92587	000	SPEECH EVALUATION	
ZS	92588	000	SPEECH EVALUATION	
ZS	92590	0LT	SPEECH EVALUATION	
ZS	92590	0RT	SPEECH EVALUATION	
ZS	92590	000	SPEECH EVALUATION	
ZS	92592	0LT	SPEECH EVALUATION	
ZS	92592	0RT	SPEECH EVALUATION	
ZS	92592	000	SPEECH EVALUATION	
ZS	92592	050	SPEECH EVALUATION	
ZS	92603	000		
ZT	92607	000		
Y(	92608	000		
ZT	92608	000		
Y(	92609	000		
ZT	92609	000		
ZT	92610	059		
ZT	92612	000		
Y(	97110	0GP	PHYSICAL THERAPY	
Y!	97110	0GP	PHYSICAL THERAPY	
Y!	97113	0GO		
Y(	97113	0GP		
Y!	97140	0GO		
Y(	97140	0GP		
Y(	97161	0GP		
Y!	97161	0GP		

ID/RD Procedure Codes and Modifiers by Type Fund

Type Fund	Procedure Code	Modifer	Service	Comments
Y(	97161	000		
Y(	97162	0GP		
Y(	97163	0GP		
Y(	97164	0GP		
Y(	97164	000		
Y!	97165	0GO		
Y!	97166	0GO		
Y!	97167	0GO		
Y!	97168	0GO		
Y!	97168	000		
Y!	97530	0GO	PHYSICAL THERAPY	
Y(	97530	0GP	PHYSICAL THERAPY	
Y!	97530	0GP	PHYSICAL THERAPY	

Early Intervention (EI)	• R2D2 → DDSN Reports → Logs → Service Notes → (Service Notes) Invoice for Early Intervention. **Parameters** Cycle Month: 07 Cycle Year: 2020 Show Details (Required): NO Caseload: Provider: • In the Parameters please select "NO" for the Show Details when submitting to Finance monthly. The last page should be signed by an approved designee. • If adjustments are made to the totals you can submit the detailed pages if you want to show where the adjustments were made. • $23.74 Rate effective 1/1/2020 (Telehealth service effective 3/30/2020).
State Funded Case Management (SFCM)	• R2D2 → DDSN Reports → Logs → Service Notes → (Service Notes) Invoice for SFCM. • In the Parameters please select "NO" for the Show Details when submitting to Finance monthly (see screenshot example above). The last page should be signed by an approved designee. • If adjustments are made to the totals you can submit the detailed pages if you want to show where the adjustments were made. • $15.00 Rate (Office). $20.00 Rate (Home).
Medicaid Targeted Case Management (MTCM)	• R2D2 → DDSN Reports → Logs → Service Notes → (Service Notes) Invoice for MTCM. • In the Parameters please select "NO" for the Show Details when submitting to Finance monthly (see screenshot example above). The last page should be signed by an approved designee. • If adjustments are made to the totals you can submit the detailed pages if you want to show where the adjustments were made. • $15.00 Rate (Office). $20.00 Rate (Home).

Waiver Case Management (WCM)	• R2D2 → DDSN Reports → Logs → Service Notes → (Service Notes) Invoice for Waiver Case Management. • In the Parameters please select "NO" for the Show Details when submitting to Finance monthly (see screenshot example above). The last page should be signed by an approved designee. • If adjustments are made to the totals you can submit the detailed pages if you want to show where the adjustments were made. • $15.63 Rate effective 1/1/2020 (No Travel). $25.42 Rate effective 1/1/2020 (Travel).
State Funded Community Supports (SFCS)	• R2D2 → DDSN Reports → Logs → DSAL and RESLOG → DSAL → DSAL Service Totals Invoice for State Funded Consumers. Parameters Cycle Month (mm): 07 Cycle Year (yyyy): 2020 Show Details (Required) YES Type State Funded Comm Sup Provider Number: • In the Parameters the Type will be State Funded Comm Sup. • In the Parameters please select "YES" for the Show Details when submitting to Finance monthly. The last page should be signed by an approved designee. • $17.90 Rate for Employment Services. $27.50 Rate for Day Supports. • All other services covered should be manually invoiced monthly. Please include any supporting documentation along with your invoice.
State Funded Follow Along (SFFA)	• R2D2 → DDSN Reports → Logs → DSAL and RESLOG → DSAL → DSAL Service Totals Invoice for State Funded Consumers. Parameters Cycle Month (mm): 07 Cycle Year (yyyy): 2020 Show Details (Required) YES Type State Funded Follow Along Provider Number: • In the Parameters the Type will be State Funded Follow Along. • In the Parameters please select "YES" for the Show Details when submitting to Finance monthly. The last page should be signed by an approved designee. • $17.90 Rate for Employment Services. $27.50 Rate for Day Supports.

RESLOG/DSAL DUE DATES 2020-2021

- All logs have to be Submitted and Approved by 4 PM on the due date (the 5th business day of the month).
- Even if a consumer has 0 units of attendance on a DSAL Log for the month their log still needs to be completed.
- If there are any delays/issues with the invoices or any reports in R2D2 the IT Helpdesk will post a message on the main page of the DDSN Application Portal.

CALENDAR KEY:

HOLIDAY

SUBMISSION DUE DATE

INVOICES AVAILABLE ON R2D2

SEPTEMBER

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

OCTOBER

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

NOVEMBER

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

DECEMBER

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

JANUARY

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

FEBRUARY

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

MARCH

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

APRIL

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

MAY

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

JUNE

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

JULY

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

AUGUST

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Uploading to RBC (Reporting & Billing Center)

1. Log into the DDSN Application Portal; https://app.ddsn.sc.gov/ddsnportal/ddsn_login.jsp

2. Type in your login and password then press enter.

3. Click on "RBC" under the DDSN Web Application Listing. (If you do not see it listed please contact the DDSN Helpdesk to ask them to add this function to your login access).

   ❖ DDSN Helpdesk by phone at 803-898-9767 or by email at Helpdesk@ddsn.sc.gov.

DDSN Web Application Listing	
CDSS	The Consumer Data Support System allows users to maintain Screening, Intake, and Eligibility information for DDSN consumers.
DSAL / RESLOG	Allows reporting of service information for their consumers in Day Supports and Residential Services.
ADT	Allows users to request admissions, discharges, and transfers from DDSN residential settings.
RBC	Various billing-related functionalities.
IMS	Incident Management System
JEDI	The Java Enterprise Directory Interface allows users to update their basic information (phone, address, etc.) and change passwords. This application is also used to control access to all secured DDSN web applications.
Genetics Billing	Application for all genetics-related billing.
R2D2	Actuate Reporting Application
SPM	Service Provider Management
SCB	The Service Notes Billing application provides access to billing management functionality for automated billing through the service notes module of CDSS.
QE	Quality Enhancement
DDSN Legacy Applications	
Mainframe (Rumba)	Click here to access the following applications: STS, PSS, WVR, SECURITY, and GTS
External DDSN Resources	
Business Tools	The Business Tools site provides access to DDSN training tools and various forms.
Log Off	

Uploading to RBC (Reporting & Billing Center)

4. Click "Upload Document"

5. In the drop down box for "Document Type" select the category for the invoice that you are uploading.

6. Click "Choose File". Go to the location on your computer and find the file that you have scanned or created to upload. Select it.

7. Click "Upload Document"

8. After uploading you should see a confirmation page stating that your document was successfully uploaded.

9. Print the confirmation page and attach it to your backup detail showing that the information has been sent.

Section 10.1: Residential Services Reporting and Billing Procedures for RESLOG

Providers of Residential Habilitation services for DDSN are required to keep daily census information for each consumer served in their programs. Providers must report that census information through an automated reporting system called the Residential Logs Application or "RESLOG". RESLOG is located on the DDSN application portal. In order to access RESLOG, users must have a valid portal ID and password. Central Office Information Technology (IT) Division assigns user IDs for the DDSN application portal. To obtain access, contact the IT Helpdesk at 803-898-9767 or Helpdesk@ddsn.sc.gov.

1. Residential Service Definitions and Service Codes

    A. Residential Habilitation Facilities (R02-R05)

    Residential Habilitation Facilities are defined as non-institutional residential settings in which consumers receive care, skills training and supervision according to their needs. The DDSN sponsored facilities are licensed either by DDSN or DHEC. They include Community Training Homes I and II (CTHs I/II), Supervised Living Programs II (SLPs II) or Community Residential Care Facilities (CRCFs).

    - SLP II (R02) – Typically an apartment setting in the community for consumers who need intermittent supervision and supports. They can perform most daily living activities independently and only need periodic advice, support and supervision. Trained staff are available either on-site or very nearby 24 hours a day.

    - CRCF (R03) – A home-like environment in the community where consumers may receive supervision and a degree of personal care, according to identified needs, delivered by qualified, trained caregivers.

    - CTH I (R04) – A home environment in the community for a maximum of 2 people where personalized care, supervision and individualized training are provided according to the person's plan in the support provider's home. Consumers are considered one of the family.

    - CTH II (R05) – A home-like environment in the community that is either rented or owned by a provider which can provide a home-like environment for a maximum of 4 consumers while under the supervision of qualified and trained staff.

    B. Intermediate Care Facilities (R06 & R07)

    Intermediate Care Facilities are state-licensed residential facilities that offer active treatment, health or other related services directed toward helping consumers function with as much self-determination and independence as possible.

- ICF/IID (R06) – ICFs offer a community living option to consumers who need maximum support for high levels of need. Twenty-four-hour care, supervision, training, recreation and other activities are provided in a structured environment.

- Regional Centers (R07) – Regional Centers provide 24-hour care, supervision and treatment for the most fragile consumers with the greatest need for support.

For more detailed information on Residential Habilitation definitions and services, please refer to the Residential Habilitation Standards at www.ddsn.sc.gov under the Service Provider link.

2. Instructions for On-Line Reporting

RESLOG instructional videos are available on the application portal under DDSN > Business Tools > Videos > Application Training > ResLog. These videos are helpful for learning tasks such as how to create, unlock, or reject a system log and how to add a consumer's name to a log.

A. Production of Residential Logs (Roll Books)

Residential logs are created in RESLOG on the first calendar day of each month based on where Service Tracking System (STS) shows a consumer as receiving residential services. Consumer names, identifying information and service provider location are drawn from STS to generate the logs. If a log displays incorrect information, STS needs to be updated. Until STS is updated, a log will continue to generate with incorrect information. Contact should be made with the consumer's Case Manager. It is the Case Manager's responsibility to ensure that STS is updated when a consumer's service activity changes.

B. Reporting Attendance

Attendance for every consumer in a Residential Habilitation Facility should be recorded throughout the month. Attendance must be 100% recorded for each facility in order to properly document the costs of residential service. The daily census information entered should always reflect a consumer's location as of 11:59 P.M. each night.

For new Residential Habilitation Facilities, a system log can be created in RESLOG as long as there is at least one consumer shown on STS as residing in that facility. If a new facility log does not appear on your list, click on "create log" to see a list of facilities for which a log has not been created in the current month. If the facility name is not found on this list, a blank log may be used to enter your census information. Blank logs are available on the DDSN application portal. An example of a Residential Census Log for New Residential Facilities is shown on page 10.1 p.6 of this section.

To add a consumer's name to a system log in RESLOG, click on "Add Consumer" at the bottom of the summary screen. Eligible consumer names (based on STS) will appear. If the consumer's name does not appear, contact the consumer's Case Manager to ensure that STS is current.

SCDDSN Finance Manual   **Issue Date 7/01/17**
Chapter 10: Service Units Reporting and Billings (SURB)
Residential Services Reporting and Billing   **Supersedes 9/01/13**
 Procedures for RESLOG 10.1

(1) <u>Residential Habilitation Facilities (R02-R05)</u>

Following are status codes used for reporting attendance in RESLOG under the category of Residential Habilitation Facilities (R02 – R05):

Residential Habilitation Facilities Status Codes (R02 – R05 ONLY)
P – Present L – On Leave R – Respite (Hourly)***** S – On a DDSN Sponsored Activity****** D – Discharged

<u>RESPITE (R02 – R05)</u> *****
There can never be Respite between like facilities. For reporting and billing purposes, the Respite (R) status code should never be used when a consumer moves from one Residential Habilitation Facility (R02-R05) to another within the provider's organization. Respite (R) codes are used when a consumer, who does not receive Residential Habilitation, enters an R02-R05 facility. Recording of the (R) code is for attendance purposes only.

The only form of Respite that can be provided is Hourly Respite (STS code S46), and the Individual Service Report (ISR) must reflect the number of hours and the date Hourly Respite was provided. All Respite (R) services are reported on paper logs, known as Individual Service Reports (ISRs).

<u>SPONSORED ACTIVITY (R02 – R05)</u> ******
The (S) code is used for a consumer who is not present at 11:59 P.M. due to reasonable circumstances, such as he or she is working or away from the facility on an overnight trip.

The (S) code may be used because a consumer from one Residential Habilitation Facility (R02-R05) has temporarily moved to another Residential Habilitation Facility **<u>within</u>** the provider's organization. <u>The (S) code may be used for reporting purposes at the sending facility for up to 7 days</u>. <u>The receiving facility should report nothing as long as both locations are operated by the same provider.</u> If a consumer continues to stay at the receiving facility from the 8th day on, however, an Admission/Discharge/Transfer process must be completed, as well as updating STS.

The examples cited above are not all inclusive. There may be other circumstances that support the use of the (S) code but unless a consumer is at work, <u>in every case a provider employee must be present with the consumer in order to use the (S) code</u>. Regardless if a situation is one-to-one or one-to-many, no consumer receiving Residential Habilitation should be left alone without proper supervision per DDSN Departmental Directive 510-01-DD: Supervision of People Receiving Services.

(2) <u>Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
(R06 & R07)</u>

Following are status codes used for reporting attendance in RESLOG under the
category of Intermediate Care Facilities (R06 & R07):

ICF/IID Facilities Status Codes (R06 and R07 ONLY)	
P – Present	H – In Hospital (Outside)
L – On Leave	R – Respite *
T – Therapeutic Leave	D – Discharged
S – On DDSN Sponsored Activity	X – Consumer has Passed Away
A – Absent	Z – Hospice **

<u>RESPITE (R06 & R07)</u> *
There can never be Respite between like facilities. For ICF Facilities (R06 & R07),
the only form of Respite for reporting and billing purposes is Institutional Respite (STS
Code S13). All Respite (R) services are reported on paper logs, known as Individual
Service Reports (ISRs). In order to use the (R) code for a consumer, first make sure
that the Case Manager has entered an S13 code on STS <u>along with a corresponding
location code (R06/R07) where the service will be delivered</u>. The (R) code cannot be
used until STS has been updated with this information. If a consumer comes from a
Residential Habilitation facility (R02-R05), the ICF/IID (R06/R07) should add his or
her name to a log recording an (R) value, while the Residential Habilitation facility
(R02-R05) records a value of (L) for "Leave" on their log for the consumer.

<u>HOSPICE (R06 & R07)</u> **
If a consumer begins receiving Hospice (Z) services, DDSN must begin billing the
Hospice provider for room and board. The Hospice provider becomes the supplier of any
services the consumer may need, <u>except for room and board</u>. The consumer continues to
reside in their current Residential Habilitation facility (R06/R07) while receiving Hospice
services.

DDSN needs certain billing information to be able to bill the Hospice provider. To obtain
this information, regions/providers must complete a Hospice Services Information Sheet
and mail it to your District Office. When the District Office has reviewed and signed
the form, Districts are to forward the Hospice Information Sheet to **DDSN, Attn:
SURB, PO Box 4706, Columbia, SC 29240**. If needed, a blank form is available on
the DDSN application portal under Business Tools/Forms. An example is shown on
page 10.1 p.7 of this section.

C. Submission of Residential Logs (Roll Books)

System logs must be both "**Submitted**" and "**Approved**" on RESLOG **by the 5th business day of the following month**. A "Submitter" is defined as the employee who enters attendance data during the month. The Submitter provides the Approver with the completed logs for final approval and closure.

Census information must be recorded on an ongoing basis throughout the month. At the end of the month, after all census information has been recorded, each system log must be "Submitted" for approval. Corrections may continue to be made to a log after it has been submitted all the way up until it has been "Approved." After a system log has been approved, no changes may be made to it.

DDSN's Residential Habilitation service providers on the Qualified Provider List (QPL) must submit an invoice to DDSN each month in order to receive reimbursement for services rendered. Invoices must include the following information: (1) consumer name(s), (2) the days served, and (3) the rates approved in the provider's contract. All Leave days (up to the maximum allowed under the contract) are reimbursed at the base rate without outliers. Vacant days, up to a maximum of 30, are reimbursed based on the funding available for the bed at the base rate without outliers. All invoices should be mailed by the subsequent month of service delivery to **DDSN Finance Division, Attn: SURB, PO Box 4706, Columbia, SC 29240**.

For providers who prefer to upload billing documents electronically, please contact SURB to obtain access to the Reporting and Billing Center (RBC). RBC is a secure system on DDSN's application portal for uploading confidential billing documents that go to the SURB area. **If you choose to upload documents through RBC, please do not mail the originals.**

D. On-Line History

Approved system logs are maintained on-line for inquiry purposes for eighteen (18) months. These logs may be reviewed, but information may not be changed.

3. Confidentiality of On-Line Reporting Documents

Title II of HIPAA, known as the Administrative Simplification (AS) provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA; Pub.L. 104–191), required the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans and employers. All DDSN providers are required to comply with all applicable standards, orders and regulations pursuant to HIPAA concerning the confidentiality of information shown on all reporting documents.

South Carolina Department of Disabilities and Special Needs
Residential Census Log
FOR NEW RESIDENTIAL FACILITIES

Regional Center:

Provider:

Facility Name:

Month:

Individual's Name	Soc Sec # (Last 4 only)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total

Notes:

Complete this log for all new individuals entering the above named facility. Enter the name and social security number for each individual.

Make sure that all the above named individuals are added to the STS system. This is imperative to insure future generated logs.

Preparer's Signature:

Authorized Desiginated Signature:

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Adult Half Day Roll Book for _____

(Month / Year)

Service: _____

Provider: _____

Location: _____

1 Present   **0** Absent

	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Units
Name:									*SS# XXX-XX-*																							
AM																																
PM																																
																												Consumer Total				

	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Units
Name:									*SS# XXX-XX-*																							
AM																																
PM																																
																												Consumer Total				

Supervisor Signature: _____   Date: _____

Please mail completed form mail to: SCDDSN, Finance Division, PO Box 4706, Columbia, SC 29240, **ATTN: SURB Division**

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

ADULT HOURLY ROLL BOOK FOR: _____

INDIVIDUAL SERVICE REPORT

SERVICE: ADULT EMPLOYMENT SERVICES - INDIVIDUAL

PROVIDER: _____

LOCATION: _____

INDIVIDUAL: _____

SOCIAL SECURITY #: _____

EACH SERVICE REPORTED MUST BE DOCUMENTED IN INDIVIDUAL'S FILE

DATE OF SERVICE	TIME HRS:MIN	UNITS	DATE OF SERVICE	TIME HRS:MIN	UNITS
____/____/____	___:___	_____	____/____/____	___:___	_____
____/____/____	___:___	_____	____/____/____	___:___	_____
____/____/____	___:___	_____	____/____/____	___:___	_____
____/____/____	___:___	_____	____/____/____	___:___	_____
____/____/____	___:___	_____	____/____/____	___:___	_____
____/____/____	___:___	_____	____/____/____	___:___	_____
____/____/____	___:___	_____	____/____/____	___:___	_____
____/____/____	___:___	_____	____/____/____	___:___	_____
____/____/____	___:___	_____	____/____/____	___:___	_____
____/____/____	___:___	_____	____/____/____	___:___	_____
____/____/____	___:___	_____	____/____/____	___:___	_____
____/____/____	___:___	_____	____/____/____	___:___	_____
____/____/____	___:___	_____	____/____/____	___:___	_____
____/____/____	___:___	_____	____/____/____	___:___	_____
____/____/____	___:___	_____	____/____/____	___:___	_____

CONSUMER TOTAL TIME/UNITS : ___:___ _____

I CERTIFY THAT SERVICES AS REPORTED PER INDIVIDUAL SERVICE REPORT HAVE BEEN RENDERED AND ARE PROPERLY DOCUMENTED IN THE INDIVIDUAL'S FILE.

_____
Signature

Section 10.2:   Day Services Reporting and Billing Procedures for DSAL

Providers of day services for DDSN are required to report those services through an automated system called the Day Supports Attendance Logs Reporting System or "DSAL". DSAL is accessed through the DDSN application portal. In order to access DSAL, users must have a valid portal ID and password. Central Office Information Technology (IT) Division assigns user IDs for the application portal. Contact the IT Helpdesk at 803-898-9767 or email Helpdesk@ddsn.sc.gov to request security authorization.

1.   Adult Day Services Definitions and Service Codes

   A. Career Preparation (S97):   Preparing consumers for careers through exposure to and experience with various careers. Compliance, attendance, task completion, problem-solving, safety, self-determination and self-advocacy are taught to produce general results as opposed to learning specific tasks.

   B. Community Services (S86 & S98): Developing one's awareness of, interaction with, and participation in the community through exposure and experience. Concepts such as self-determination, self-advocacy, and socialization are taught. Community Services are provided in facilities licensed by the state. On-site attendance at a licensed facility is not required to receive services that originate from that facility. There are 2 service codes associated with this service:

   • Community Services/Individual (S86): services are provided on a one-to-one basis. This service is provided under the Community Supports Waiver only.

   • Community Services/Group (S98): services are provided in a group setting. This service is provided under the Community Supports, ID/RD and HASCI Waivers.

   C. Day Activity Services (S96): Providing supports and services in therapeutic settings to enable consumers to achieve, maintain, improve or decelerate the loss of personal care, social or adaptive skills. Services are provided in non-residential settings that are licensed by the state. On-site attendance at the licensed facility is not required to receive services that originate from the facility.

   D. Support Center Service (S09): Providing non-medical care, supervision and assistance in a non-institutional group setting outside of a consumer's home. This service is for consumers who, because of the level of his or her disability, are unable to care for themselves. Services provided are necessary to prevent institutionalization and to maintain a consumer's health and safety.   Care, supervision and assistance are provided in accordance with an individualized plan of care. An array of non-habilitative activities and opportunities for socialization are offered throughout the day, but not as therapeutic goals.

E. <u>Employment Services (S06 & S11)</u>: Providing intensive, on-going supports for consumers for whom competitive employment is not achievable and who, because of the level of his or her disabilities, needs support to perform in a regular work setting. Employment Services may be provided in group settings or individually. There are 2 service codes associated with this service:

- <u>Employment Services/Individual (S06)</u>: services are provided on a one-to-one basis such as a community based-individual job placement.
- <u>Employment Services/Group (S11)</u>: services are provided in a group setting such as mobile work crews or enclaves.

For more information on Day Services, please refer to the Day Services Standards on the DDSN website (www.ddsn.sc.gov).

2. <u>Funding Sources</u>

Program funding sources are determined by DDSN before the onset of services. After a system log has been completed and submitted electronically, one of the following funding sources will appear next to each consumer's name and category totals will appear at the bottom of the log:

- ICF/IID Community (ICF/C)
- ICF/IID Regional (ICF/R)
- Waiver (ID/RD, CSW, HASCI)
- State-Funded

3. <u>Instructions for On-Line Reporting</u>

DSAL instructional videos are available on the application portal under DDSN > Business Tools > Videos > Application Training > DSAL. These videos are helpful for learning tasks such as how to create, unlock, or reject a system log and how to add a consumer's name to a log.

A. <u>Production of Service Logs (Roll Books)</u>

Day Service logs are created in DSAL on the first calendar day of each month based on where the Service Tracking System (STS) shows a consumer as receiving services. When the logs are generated, information such as consumer names, identifying information, and service provider location are drawn from STS data. If a system log shows incorrect information, STS needs to be updated. Until STS is updated, a system log will continue to print incorrect information. Contact should be made with the consumer's Case Manager to ensure that STS is updated promptly.

B. <u>Reporting Attendance</u>

All program attendance must be tracked throughout the month. Reporting must be done for each consumer on each day of the month by marking under the appropriate date one of the following codes:

P – Individual Present
A – Individual not Present (Absent)

Exception: Employment Services-IND logs (Service Code S06) are reported in 1 hour units. You must enter the actual time of service instead of selecting present or absent.

Consumers are automatically recorded as absent on weekend days only. This attendance may be overwritten if a consumer should happen to receive day services on a weekend day.

DDSN Day Service Standards require that a consumer be present in a day service activity for a minimum of 2 – 3 hours per half day, inclusive of transportation, in order to count the time as a unit of service. Exceptions to the 2 – 3 hours rule may be made for consumers who arrive late or leave early if it is necessary for them to receive other services already identified as part of their program plan. (Examples: doctor's appointment, therapy, etc.) At no time should a consumer be counted present if he or she receives less than 2 hours of half day service, exclusive of transportation.

If a service log did not generate for a new service location and the provider is certain that a consumer is receiving service there, a log may be created by clicking on "Create Log" from the DSAL menu. Based on STS, eligible consumer names will populate a new log. If no consumers show up on STS as receiving day services at the new service location, a log will not generate and users will see a screen message stating that a log could not be created. To be clear, the condition for creating a new log is that there must be at least one consumer on STS receiving services from the new location.

If a consumer's name is omitted from a log, the name may be added to the current month's log by clicking on the "Add Consumer" button at the bottom of the log summary screen. The information on STS determines who appears on the monthly logs. Therefore, information on STS must be correct in order for the logs to generate correctly.

C. Submission of the Logs (Roll Books)

System logs must be both "Submitted" and "Approved" on DSAL by the 5th business day of the following month. A "Submitter" is defined as the employee who enters attendance data during the month. The Submitter provides the Approver completed logs for final approval and closure.

Attendance must be recorded on an ongoing basis throughout the month. At the end of the month after all attendance for the month has been entered, system logs should be "Submitted" for approval. Corrections may be made to a log after it has been submitted up until it has been "Approved." After approval, no changes may be made.

D. On-Line History

Approved roll books are maintained on-line for inquiry for eighteen (18) months. These finalized reports may be reviewed, but information may not be changed.

4. Reimbursement Procedures for Qualified Providers

Financial Managers receive the day service funding for their residential consumers. If a service provider on the Qualified Provider List (QPL) provides day services to a consumer with a Financial Manager, the Qualified Provider should invoice the Financial Manager by providing

a copy of the attendance log as backup documentation. If a Qualified Provider provides day services to a consumer who resides in a SLP or CTH I residential facility, the invoice for the day services should be mailed to **DDSN Finance Division, Attn: SURB, PO Box 4706, Columbia, SC 29240**.

For providers who prefer to upload billing documents electronically, please contact SURB about obtaining access to the Reporting and Billing Center (RBC). RBC is a secure system on DDSN's application portal for uploading confidential billing documents that go to the SURB area. **If you choose to upload documents through RBC, <u>please do not mail the originals.</u>**

5. Confidentiality

Title II of HIPAA, known as the Administrative Simplification (AS) provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA; Pub.L. 104–191), required the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans and employers. All DDSN providers are required to comply with all applicable standards, orders and regulations pursuant to HIPAA concerning the confidentiality of information shown on all reporting documents.

6. Special Notes

*   Case Managers are responsible for updating STS to reflect the appropriate service and activity for each consumer. Directors of Day Service and Case Management must ensure updates are current to within two (2) working days of any changes.
*   Day Program staff is responsible for accurately reporting attendance for each activity and the service in which the activity was provided.
*   Weekends are automatically filled in as "Absent" for each consumer listed. This data may be overwritten if a consumer were to receive day services on a weekend day.
*   If a consumer's name is missing from a log in DSAL, click on "Add Consumer" at the bottom of the summary screen. If STS has been updated with the service for that consumer, his or her name will appear on the next screen and may be added to the current month's log. If the correct name does not appear, contact should be made with the consumer's Case Manager to ensure that STS is updated.
*   The actual hours and minutes of Employment Services-IND (S06) rendered to a consumer must be filled in on the appropriate date. A unit of service for this code is one (1) hour.
*   If a consumer has been discharged, STS must be updated immediately by the consumer's Case Manager, and the Admission/Discharge/Transfer process must be completed as soon as possible.
*   If it is discovered that an approved service has been delivered but was not reported and the service occurred during a prior month, a blank roll book must be used to submit the service for billing. **<u>A Service Error Correction Form should never be used to report a previously un-reported service</u>**. A blank Adult Day roll book may be used to report the service. A blank roll book form may be found on the DDSN application portal under Business Tools > Forms > Finance Manual Chapter 10.

SERVICE ERROR CORRECTION FORM

This form should be used to correct services reported in error. If services were rendered but not reported, they should be reported by recording the service and the associated date on the current applicable reporting documents (ISR, SPL, etc.). If a correction is needed other than reporting additional services, send the correction in writing to the attention of the SURB Division in DDSN Central Office Finance.

ONE CONSUMER AND ONE SERVICE PER SECF

ENTER THE CODE OF THE DOCUMENT TO BE CORRECTED: _____

Case Management SPL's	[CMSPL]	Residential	[RESID]
Early Intervention ISR's	[EIISR]	SLP I	[RESLP] (SLPII, CTHI, CTHII or CRCF)
Day Program (Adult)	[AROLL]	Day Program (Child)	[CROLL]
Respite ISR's	[REISR]	Rehabilitation	[REHAB]
Job Coach ISR's	[JCISR]	Caregiver Services	[CRGVR]
HASCI	[HASCI]		

PROVIDER NAME: _____   PROVIDER NUMBER: _____

RESPONSIBLE STAFF WHO REPORTED SERVICE: _____   CASE LOAD NUMBER: _____

CONSUMER'S NAME: _____   SSN # (Last 4): _____

CONSUMER'S MEDICAID NUMBER: _____

THE FOLLOWING SERVICES WERE REPORTED IN ERROR:
(Use page 2 to record more dates of service)

DATE OF SERVICE	REASON CODE	FOUND BY CODE	DATE OF SERVICE	REASON CODE	FOUND BY CODE

Reason Codes:
1. Plan out of date
2. Level of Care (LOC) out of date
3. Service not documented in plan
4. No VR letter available for supported employment
5. No medical necessity statement for Rehab Supports
6. Service was provided but was inappropriate and should not have been reported
7. No service was delivered
8. A service was indicated through fraud
9. Other (explain below: wrong service, over-reported, wrong date, etc.)

Found By Codes:
1. Responsible staff person who initially completed the original report
2. Supervisor Review
3. District/Central Office Review

_____
_____

(If more room is needed, please use comments section on page 2.)

_____   _____
DATE   SUPERVISOR SIGNATURE

Page 1 of 2

CONSUMER'S NAME: CONSUMER'S SSN:
(Last 4 digits)

SERVICES REPORTED IN ERROR (CONTINUED):

DATE OF SERVICE	REASON CODE	FOUND BY CODE	DATE OF SERVICE	REASON CODE	FOUND BY CODE

ADDITIONAL COMMENTS:

_____   _____
          DATE   SUPERVISOR SIGNATURE

SCDDSN Finance Manual   **Issue Date 7/01/17**
Chapter 10: Service Units Reporting and Billings (SURB)
Board-Billed Assistive Tech, Environmental or Private Vehicle   **Supersedes 9/01/13**
    Modifications Payment and Reporting Procedures 10.5

Section 10.5: Board-Billed Assistive Tech, Environmental or Private Vehicle Modifications Payment and Reporting Procedures

Environmental/Private Vehicle Modifications are physical adaptations made to the environment of a consumer that are required by their support plan and deemed necessary to ensure the health, welfare, safety, and functioning with greater independence thereby preventing the need for institutional placement.

Assistive Technology includes devices, controls or appliances that are specified in a consumer's support plan and which would enable him or her to increase abilities needed to perform activities of daily living or to perceive, control or communicate with the environment in which they live. This service may also include consultation and assessment to determine the specific needs related to a consumer's disability for which specialized assistive technology may assist him or her to function more independently.

For more information regarding the services described above, please refer to the ID/RD and CS Waiver Manuals available on DDSN's website.

Following are instructions for requesting payment of these services under ID/RD waiver funding. Providers are required to keep on file with the paperwork that portion of a consumer's plan that explains the purpose and need for these services.

1. Payment Procedures for ID/RD Waiver Assistive Tech, Environmental or Private Vehicle Modifications

    A. Approval Process

        (1) Environmental or Private Vehicle Modifications

            Providers should secure at least 3 bids as instructed in the DDSN ID/RD Waiver Manual. Once the bids have been received and the costs for the modification have been entered into the Waiver Tracking System, copies of all three bids along with the Waiver Acknowledgement of Lifetime Monetary Cap (Form E-1) should be forwarded to DDSN's **Cost Analysis Division**. If for any reason three bids cannot be obtained, a thorough written explanation is required before approval may be considered by Cost Analysis.

            Approval status of an ID/RD modification request may be monitored on the Waiver Tracking System. After a request has been approved, Cost Analysis will forward a copy of the bid along with an internal checklist to SURB. The bid and checklist become part of a suspense file in SURB waiting to be matched with a reimbursement request from the provider.

        (2) Assistive Technology

            First, providers must determine if an assistive technology item is covered by State Plan Medicaid, per the ID/RD Waiver Manual. Items reimbursed with waiver funds are in addition to medical or equipment supplies furnished under State Plan Medicaid but exclude items which are not of direct medical or remedial benefit to the consumer.

SCDDSN Finance Manual   **Issue Date 7/01/17**
Chapter 10: Service Units Reporting and Billings (SURB)
Board-Billed Assistive Tech, Environmental or Private Vehicle   **Supersedes 9/01/13**
  Modifications Payment and Reporting Procedures 10.5

In many cases, assistive technology can be provided by a vendor already enrolled with DHHS as a DME provider. (If a vendor is already enrolled as a DME provider, they may not opt to bill the DDSN Financial Manager.) For those times when a consumer's needs may best be met by a vendor that is <u>not</u> enrolled with DHHS, the selected vendor may contract with the Financial Manager, but only to provide medical equipment, supplies, and/or consultation.

After a vendor has been chosen who is in adherence with state procurement policies and the budget information and comments have been entered into the Waiver Tracking System and approved, the service must then be authorized by using the waiver authorization form "<u>Authorization for Specialized Medical Equipment, Supplies, and Assistive Technology</u>" per the ID/RD Waiver Manual. For vendors contracting with a DDSN Financial Manager, copies of this waiver authorization form should be forwarded to SURB.

B. <u>Submitting Invoices</u>

Reimbursement requests should be submitted within a reasonable time frame after payment to the contractor has been made. After a provider has paid for a modification, the provider should send a completed "ID/RD Waiver Request for Payment of Assistive Tech, Environmental or Private Vehicle Modifications" form to SURB (see example on page 10.5 p. 3). A blank request for payment form is available on the DDSN application portal under Business Tools >Forms> Finance Manual Chapter 10. Required attachments to this form are copies of the vendor's invoice, the provider's payment verification, and the waiver service authorization. <u>Failure to submit all of this documentation will delay the reimbursement process.</u>

All reimbursement requests received in SURB are matched and cross-checked to the suspense file. If an invoice cannot be matched with a bid and checklist, SURB will initiate contact with Cost Analysis.

If a provider incurs environmental/private vehicle modification costs without obtaining the proper approval, reimbursement requests for those costs should <u>not</u> be submitted to DDSN.

Special Note for HASCI Waiver consumers: Paid invoices and check copies should accompany the "Individual and Monthly Summary" form per Finance Manual Chapter 10, **Section 10.14: HASCI Waiver Board-Based Services Reporting and Billing Procedures**.

SCDDSN Finance Manual   **Issue Date 7/01/17**
Chapter 10: Service Units Reporting and Billings (SURB)
Board-Billed Assistive Tech, Environmental or Private Vehicle   **Supersedes 9/01/13**
    Modifications Reimbursement and Reporting Procedures 10.5

The form "ID/RD Waiver Request for Payment of Assistive Tech, Environmental or Private Vehicle Modifications" must contain the following information:

- The name and address of the provider responsible for overseeing the modification.

- The contact information of the employee at the provider agency overseeing the work.

- The consumer's name and last four digits of his/her social security number.

- The type of modification.

- The cost of the modification.

- The date the work was completed.

- Copies of the invoice, waiver authorization and provider's payment must accompany the request.

The request for payment form must be signed and dated by the contact person at the provider responsible for overseeing the modification process. Copies of the paid invoice, the provider's check, and the waiver service authorization must be attached. The invoice copy should have a clear, handwritten note on it stating that the invoice has been paid and for what consumer the work was done. The form and its attachments should be mailed to: **DDSN, ATTN: SURB, P.O. Box 4706, Columbia, SC 29240**.

If providers prefer to upload these documents electronically, please contact SURB about obtaining access to the Reporting and Billing Center (RBC). RBC is a secure system on DDSN's portal for uploading confidential documents intended for SURB. **If you choose to upload documents through RBC, <u>please do not mail the originals</u>.**

Following are instructions for reporting modifications provided under CS waiver funding. Providers are required to keep on file with the paperwork that portion of a consumer's plan that explains the purpose and need for these services.

2. Reporting Procedures for Community Supports Waiver (CSW) Assistive Tech, Environmental or Private Vehicle Modifications

    A. Approval Process

        Providers should secure bids according to the procedures in the DDSN Community Supports Waiver Manual. Once the bids have been received, the costs for the modification should be entered into the Waiver Tracking System.

    B. Service Reporting Requirements

        After the completion of a modification for a consumer with Community Supports Waiver funding, the provider should forward to SURB a completed "Community Supports Waiver Service Documentation for Assistive Tech, Environmental or Private Vehicle Modification" form (see example) along with a copy of the vendor's invoice, the check submitted to the vendor, and the appropriate waiver authorization so that Medicaid can be billed for the service. A blank form is available on the DDSN application portal under Business Tools >Forms >Finance Manual Chapter 10. Providers should either mail the form and its attachments to: **DDSN, Attn: SURB, PO Box 4706, Columbia SC 29240** or upload the documents in a PDF format to the Reporting and Billing Center (RBC) on the application portal.

Community Supports Waiver – Service Documentation
Environmental Modifications/Assistive Technology/Private Vehicle Modifications
for Services billed to the DSN Board

Provider Agency:
Address:
City: State: Zip:
Contact Person: Phone Number:
Consumer's Name: SSN # (Last 4):
Modification Type & Description:
Cost: $ Date of Completion:

PROVIDER CERTIFICATION: *The item listed on this form has been provided to the consumer named above as per the attached documentation.*

Signature   Title   Date

Please attach a copy of the following documentation:
1. Vendor's Invoice AFTER work is completed.
2. Check submitted to Contractor.
3. Completed Authorization for Service form.

This form and the documentation listed above MUST be submitted to SURB either through the RBC System or by U.S. Mail at SCDDSN Attn: SURB, PO Box 4706, Columbia, SC 29240

FOR DDSN/SURB USE ONLY
This service has been billed to Medicaid.
Signature: Date:

3. Confidentiality

    Title II of HIPAA, known as the Administrative Simplification (AS) provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA; Pub.L. 104–191), required the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans and employers. All DDSN providers are required to comply with all applicable standards, orders and regulations pursuant to HIPAA concerning the confidentiality of information shown on all reporting documents.

SOUTH CAROLINA DEPARTMENT OF DISABILITIES & SPECIAL NEEDS

ID/RD Waiver Request for Payment of
Assistive Tech, Environmental or Private Vehicle Modifications

Provider Agency:		
Address:		
City:	**State:**	**Zip:**
Contact Person:	**Phone Number:**	

Consumer's Name:	**SSN # (Last 4):**
Type of Modification:	
Cost of Modification (Amount Requested): $	
Date of Completion:	

Please attach a copy of the following documentation:

► Vendor's invoice.

► Waiver Authorization.

► Provider's payment to the Vendor as verification.

   Failure to submit all required documentation will delay payment.

PROVIDER CERTIFICATION: *The modification listed on this form has been provided to the individual named above as per the attached documentation.*

_____   _____   _____
          Signature   *Title*   *Date*

For SURB Use		For Accounts Payable Use	
The appropriate documentation has been received for this environmental modification. This invoice may be released for payment.		*The Accounts Payable audit is complete.*	
Initials:	**Date:**	**Initials:**	**Date:**

SURB Form / ID/RD AT/EM/PVM PYMT (04/17)

SOUTH CAROLINA DEPARTMENT OF DISABILITIES & SPECIAL NEEDS

Community Supports Waiver – Service Documentation
Environmental Modifications/Assistive Technology/Private Vehicle Modifications
for Services billed to the DSN Board

Provider Agency:		
Address:		
City:	**State:**	**Zip:**
Contact Person:	**Phone Number:**	
Consumer's Name:	**SSN # (Last 4):**	
Modification Type & Description:		
Cost: $	**Date of Completion:**	

PROVIDER CERTIFICATION: *The item listed on this form has been provided to the consumer named above as per the attached documentation.*

Signature	*Title*	*Date*

Please attach a copy of the following documentation:

1. Vendor's Invoice AFTER work is completed.
2. Check submitted to Contractor.
3. Completed Authorization for Service form.

This form and the documentation listed above MUST be submitted to SURB either through the RBC System or by U.S. Mail at SCDDSN Attn: SURB, PO Box 4706, Columbia, SC 29240

FOR DDSN/SURB USE ONLY	
This service has been billed to Medicaid.	
Signature:	Date:

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
INDIVIDUAL SUMMARY OF BOARD-BASED HASCI SERVICES

DSN Board:					
Services Provided to:			**SS#** (Last 4):		
Service Invoice Code	**Unit of Service**	**Date of Service**	**No. of Units of Service**	**Rate**	**Total**
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$

REQUIREMENT: All services listed above have been provided to the individual named above. Regional documentation of service delivery is available through the DSN Board named above.

Signature _____
HASCI Waiver Case Manager

For Central Office Use Only
SURB Audit Complete:

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

MONTHLY PROVIDER SUMMARY OF
BOARD-BASED HASCI SERVICES

DSN Board:	
Month & Year Invoiced:	

Services Provided to:

Line #	SS# (Last 4)	Service Recipient	Amount Due
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
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			$
			$
			$
			$
			$
			$
			$
			$
			$

REQUIREMENT: All amounts listed above are for approved HASCI Waiver services and they are supported by the attached signed INDIVIDUAL SUMMARY OF BOARD-BASED HASCI SERVICES form.

Signature _____
Executive Director

Signature _____
Chief Financial Officer

Section 10.18: Waiver Credit Report Procedures

Payments to providers are based on capitated funding. Full waiver budgets, including direct-billed and board-based services, are used to calculate funding levels. Because funding bands are calculated using full services, DDSN avoids paying for the same services twice (once to the Boards and again through MMIS) by recovering from the Boards the amount actually processed through the Medicaid Management Information System (MMIS). MMIS is the entity that processes South Carolina Medicaid payments.

1. The Waiver Credit Report Process

   DDSN receives a file monthly from the South Carolina Department of Health and Human Services (DHHS) containing all services paid by Medicaid during the prior month for consumers enrolled in the IR/RD and CS Waivers. From this file, a report of direct-billed services is extracted showing the calculated total credit for each Board. A credit adjustment is processed through DDSN Accounts Payable for each board-based service accordingly.

   Providers have access to the DDSN application portal and may run Waiver Credit Reports using the Actuate Reporting Application (R2D2). The parameters needed to run these reports (Julian Date and Year) are posted at the top of the page in R2D2 immediately after users sign-in. Instructions for running a Waiver Credit Report for your Board follow on pages 10.18 p.2 through 10.18 p.5.

2. <u>Medicaid Payments</u>

Medicaid pays for services as a provider bills for them. Medicaid will not pay for services that are over 365 days old. The timing of payment for services is dependent on the service provider's billing process, which can vary greatly from one provider to another.

Special Notes:

✦ Service providers have only 365 days from date of service to bill Medicaid.
✦ The Waiver Credit Report lists services that are <u>paid in a given month</u> by Medicaid regardless of the date of service.
✦ Services may be paid in a 12-month period that could, possibly, represent services over a 24-month period.

3. <u>Processing Credits</u>

Due to the time lag between payment by MMIS and DDSN's receipt of the monthly report, and because Board payments are generally processed two weeks before they are due, credits to the Boards are processed during the third month, after the MMIS payment.

The following is an example of what this schedule looks like:

Contract Payment Number	Contract Payment due to Board on or before	Credit Reflects Payments made by MMIS during the month of
1	1-Jul	April
2	1-Aug	May
3	1-Sep	June
4	1-Oct	July
5	1-Nov	August
6	1-Dec	September
7	1-Jan	October
8	1-Feb	November
9	1-Mar	December
10	1-Apr	January
11	1-May	February
12	1-Jun	March

Special Note:

✦ The <u>last month</u> for any given fiscal year is <u>March</u>, which is credited against June payments.

4. Review Process and Submission of Reimbursement Request

Monitorship is important for many reasons but part of the purpose of monitorship is to prevent a service provider from delivering services in excess of the units authorized or not providing services that are authorized. Occasionally, these types of errors do occur. They may be the result of a variety of circumstances but regardless, action must be taken by the Case Manager to communicate with the service provider and determine the source of the problem and initiate the necessary corrective action.

A. After running a Waiver Credit Report, **please review it carefully for errors. Requests for corrective action must be made directly to the service provider.** Per HIPAA requirements, service providers must reimburse Medicaid for overpayments, use of wrong procedure codes, duplicate payments, etc. For instructions on how to refund Medicaid, please refer to the SCDHHS website: https://www.scdhhs.gov/provider.

Once the original claim has been reversed, the service provider should issue a new replacement claim, if applicable. For claims that have been reversed, the amount of the claim will appear on the Waiver Credit Report as a negative number.

If necessary, DDSN can assist Boards with unresolved issues involving service providers and DHHS. However, before this step is taken – all efforts must be made with the service provider to correct the billing error(s) before asking DDSN for assistance. A written record of the attempts to resolve the issue will be required before DDSN contacts DHHS on a DDSN Provider's behalf.

Special Note:

Before contacting the service provider regarding an error, ask yourself the following questions:

- Is the authorization correct? Does the authorization need to be modified to reflect any added or deleted services?

- Is the budget correct? Does the budget need to be modified to reflect any added or deleted services?

B. PCA services delivered to consumers under the age of 21, along with nursing services and incontinence supplies are considered State Plan services and therefore are not part of Band payments.

C. For consumers charged to your Waiver Credit Report that are not your responsibility:

(1). Photocopy the page from the Waiver Credit Report pertaining to the consumer.

(2). Write on the copy that the consumer belongs to another provider and supply effective dates for any transfers or terminations. Forward the copy to SURB with a cover memo explaining the details.

D. Environmental Modifications charged to Waiver Credit Reports may be reimbursed after review and verification. To facilitate your request, send a letter to DDSN Attn: SURB requesting reimbursement. In the letter, please include the consumer's name and social security number. Also, attach the following documents:

(1). A copy of the page from the Waiver Credit Report pertaining to the consumer, and
(2). A copy of the authorization pertaining to the consumer.

E. If a service provider is not cooperative and you suspect Medicaid Fraud, please contact SURB immediately by calling (803) 898-9626.

5. Submission of Correspondence

Please direct all correspondence pertaining to adjustment requests (along with any attachments) to **DDSN, ATTN: SURB, P.O. Box 4706, Columbia, SC 29240**.

For providers who prefer to upload these documents electronically, please contact SURB about obtaining access to the Reporting and Billing Center (RBC). RBC is a secure system on DDSN's application portal for uploading confidential billing documents that go to the SURB area. **If you choose to upload documents through RBC, please do not mail the originals.**

6. DDSN Response to Reviews/Questions

DDSN will review all reimbursement requests along with any attachments. If in agreement with a submitter's assessment, a "Waiver Credit Report Reimbursement Memo" will be completed and emailed to you, and you will see a payment adjustment on a future payment schedule referencing the Memo you received. For each reimbursement request submitted, you will receive an approval memo or a phone call requesting additional information. If DDSN disagrees with the request, contact will be made directly either by phone or email.

7. Time Limits on Reviews and Adjustments

DSN Boards have six (6) months to report possible errors discovered in Waiver Credit Reports. For example, a November 2016 report processed against payments on February 2017 would have to be reviewed and errors reported back to DDSN by August 1, 2017. Once a possible error is reported, there is no time limit placed on a resolution.

8. Confidentiality of On-Line Documentation

Title II of HIPAA, known as the Administrative Simplification (AS) provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA; Pub.L. 104–191), required the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans and employers. All DDSN providers are required to comply with all applicable standards, orders and regulations pursuant to HIPAA concerning the confidentiality of information shown on all on-line reporting documents.

CSW Procedure Codes and Modifiers by Type Fund

CSW

Type Fund	Procedure Code	Modifier	Service	Comments
VL	A0120	000	ADULT DAY HLTH TRANS	
VL	A4554	0KX	ASSISTIVE TECHNOLOGY	
VL	A4554	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OD	A4554	000	ASSISTIVE TECHNOLOGY	
VL	A4554	000	ASSISTIVE TECHNOLOGY	
VL	A4927	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
XJ	G0177	000	SUPPORT CENTER SERVS	
Y7	H0023	000	BEHAVIOR SUPPORTS	
XJ	H0045	000	RESPITE-ICF/ID	
Y7	H0046	000	PSYCH SVC-COUNSELING	
XJ	H2016	0SE	COMMUNITY SERV-IND	
XJ	H2016	000	COMMUNITY SERVICES	
XJ	H2025	000	EMPLOYMENT SERV-IND	
XJ	H2026	000	EMPLOYMENT SERV-GRP	
VL	S5130	000	PERSONAL CARE I	
VL	S5130	076	PERSONAL CARE I	
VL	S5150	000	RESP-HRLY OR RESP-HRLY/DOC RATE	
XJ	S5150	000	RESP-HRLY OR RESP-HRLY/DOC RATE	
VL	S5150	076	RESP-HRLY OR RESP-HRLY/DOC RATE	
XJ	S5150	076	RESP-HRLY OR RESP-HRLY/DOC RATE	
VL	S5150	077	RESP-HRLY OR RESP-HRLY/DOC RATE	
VL	S5150	079	RESP-HRLY OR RESP-HRLY/DOC RATE	
XJ	S5151	000		
VL	S5160	000	PER EMERG RESPON SYS	
OD	S5161	000	PER EMERG RESPON SYS	
VL	S5161	000	PER EMERG RESPON SYS	
VL	S5165	000	ENVIRONMENTAL MODS	
XJ	S5165	000	ENVIRONMENTAL MODS	
VL	T1019	000	PERSONAL CARE II	
VL	T1019	076	PERSONAL CARE II	
VL	T1019	077	PERSONAL CARE II	
VL	T1019	079	PERSONAL CARE II	
XJ	T2014	000	CAREER PREPARATION	
XJ	T2020	000	DAY ACTIVITY	
XJ	T2025	000	IN HOME SRV-SELF DIR	
XJ	T2025	076	IN HOME SRV-SELF DIR	
OD	T2028	000	ASSISTIVE TECHNOLOGY	
VL	T2028	000	ASSISTIVE TECHNOLOGY	
XJ	T2028	000	ASSISTIVE TECHNOLOGY	
VL	T2029	000	ASSISTIVE TECHNOLOGY	
XJ	T2029	000	ASSISTIVE TECHNOLOGY	
XJ	T2039	000	PRIV VEHICLE MOD	
VL	T4521	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VL	T4521	000	ASSISTIVE TECHNOLOGY	
VL	T4522	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OD	T4522	000	ASSISTIVE TECHNOLOGY	
VL	T4522	000	ASSISTIVE TECHNOLOGY	

CSW Procedure Codes and Modifiers by Type Fund

CSW

Type Fund	Procedure Code	Modifier	Service	Comments
VL	T4523	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OD	T4523	000	ASSISTIVE TECHNOLOGY	
VL	T4523	000	ASSISTIVE TECHNOLOGY	
VL	T4523	076	ASSISTIVE TECHNOLOGY	
VL	T4524	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OD	T4524	000	ASSISTIVE TECHNOLOGY	
VL	T4524	000	ASSISTIVE TECHNOLOGY	
VL	T4525	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OD	T4525	000	ASSISTIVE TECHNOLOGY	
VL	T4525	000	ASSISTIVE TECHNOLOGY	
VL	T4526	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OD	T4526	000	ASSISTIVE TECHNOLOGY	
VL	T4526	000	ASSISTIVE TECHNOLOGY	
VL	T4527	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OD	T4527	000	ASSISTIVE TECHNOLOGY	
VL	T4527	000	ASSISTIVE TECHNOLOGY	
VL	T4528	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OD	T4528	000	ASSISTIVE TECHNOLOGY	
VL	T4528	000	ASSISTIVE TECHNOLOSGY	
VL	T4529	000	ASSISTIVE TECHNOLOGY	
VL	T4530	000	ASSISTIVE TECHNOLOGY	
VL	T4532	000	ASSISTIVE TECHNOLOGY	
OD	T4533	000	ASSISTIVE TECHNOLOGY	
VL	T4533	000	ASSISTIVE TECHNOLOGY	
VL	T4534	0KX	ASSISTIVE TECHNOLOGY	
VL	T4534	0SC	ASSISTIVE TECHNOLOGY	
VL	T4534	000	ASSISTIVE TECHNOLOGY	
VL	T4534	076	ASSISTIVE TECHNOLOGY	
VL	T4535	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OD	T4535	000	ASSISTIVE TECHNOLOGY	
VL	T4535	000	ASSISTIVE TECHNOLOGY	
VL	T4543	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OD	T4543	000	ASSISTIVE TECHNOLOGY	
VL	T4543	000	ASSISTIVE TECHNOLOGY	
VL	T5999	0KX	ASSISTIVE TECHNOLOGY	
VL	T5999	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OD	T5999	000	ASSISTIVE TECHNOLOGY	
VL	T5999	000	ASSISTIVE TECHNOLOGY	
VL	X2045	000	ADLT DAY HLTH NURSNG	
VL	X6987	000	ADULT DAY HEALTH	
VL	X6987	076	ADULT DAY HEALTH	
Y7	90801	000	PSYCH EVALUATION	
Y7	96118	0AH	PSYCH EVALUATION	

HASCI Procedure Codes and Modifiers by Type Fund

HASCI	Type Fund	Procedure Code	Modifier	Service	Comments
	EN			PRESCRIBED DRUGS	
	OI	A4554	0GY	ASSISTIVE TECHNOLOGY	
	VQ	A4554	0GY	ASSISTIVE TECHNOLOGY	
	VQ	A4554	0GZ	ASSISTIVE TECHNOLOGY	
	VQ	A4554	0KX	ASSISTIVE TECHNOLOGY	
	VQ	A4554	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	VQ	A4554	0SG	ASSISTIVE TECHNOLOGY	
	OI	A4554	000	ASSISTIVE TECHNOLOGY	
	VQ	A4554	000	ASSISTIVE TECHNOLOGY	
	OI	A4554	076	ASSISTIVE TECHNOLOGY	
	VQ	A4554	076	ASSISTIVE TECHNOLOGY	
	VQ	A4927	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	VQ	A4927	000	INCONTINENCE SUPPLIE	
	X9	H0023	000	BEHAVIOR SUPPORTS	
	Y;	H0023	000	BEHAVIOR SUPPORTS	
	Y;	H0023	059	BEHAVIOR SUPPORTS	
	X9	H0045	000	RESPITE-ICF/ID	
	X9	H0046	000	BEH SUPPORT EVAL	
	X9	H0046	000	FAMILY/IND. THERAPY	
	X9	H0046	000	PSYCH-ASSESS/TREAT	
	Y;	H0046	000	FAMILY/IND. THERAPY	
	Y;	H0046	000	LICENSE PSYCHOLOGIST	
	Y;	H0046	000	PSYCH-ASSESS/TREAT	
	VQ	S5121	0U1		
	VQ	S5121	000		
	OI	S5160	000	PER EMERG RESPON SYS	
	VQ	S5160	000	PER EMERG RESPON SYS	
	X9	S5160	000	PER EMERG RESPON SYS	
	OI	S5161	0RR	PER EMERG RESPON SYS	
	OI	S5161	000	PER EMERG RESPON SYS	
	VQ	S5161	000	PER EMERG RESPON SYS	
	X9	S5161	000	PER EMERG RESPON SYS	
	VQ	S5161	076	PER EMERG RESPON SYS	
	OI	S5165	000	ENVIRONMENTAL MODS	
	VQ	S5165	000	ENVIRONMENTAL MODS	
	X9	S5165	000	ENVIRONMENTAL MODS	
	VQ	S9123	0TG	HASCI-PRIV NUR, RN	
	VQ	S9123	000	HASCI-PRIV NUR, RN	
	VQ	S9123	076	HASCI-PRIV NUR, RN	
	VQ	S9124	0TG	HASCI-PRIV NUR, LPN	
	VQ	S9124	000	HASCI-PRIV NUR, LPN	
	VQ	S9124	076	HASCI-PRIV NUR, LPN	
	VQ	S9124	077	HASCI-PRIV NUR, LPN	
	VQ	T1002	000	RN SPECIALIZED CHILD	
	X9	T2025	000	IN HOME SRV-SELF DIR	
	VQ	T2029	000	ASSISTIVE TECHNOLOGY	
	OI	T2039	000	PRIV VEHICLE MOD	

HASCI Procedure Codes and Modifiers by Type Fund

HASCI

Type Fund	Procedure Code	Modifier	Service	Comments
VQ	T2039	000	PRIV VEHICLE MOD	
X9	T2039	000	PRIV VEHICLE MOD	
VQ	T4521	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OI	T4521	000	ASSISTIVE TECHNOLOGY	
VQ	T4521	000	ASSISTIVE TECHNOLOGY	
VQ	T4522	0KX	ASSISTIVE TECHNOLOGY	
VQ	T4522	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OI	T4522	000	ASSISTIVE TECHNOLOGY	
VQ	T4522	000	ASSISTIVE TECHNOLOGY	
VQ	T4523	0KX	ASSISTIVE TECHNOLOGY	
VQ	T4523	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OI	T4523	000	ASSISTIVE TECHNOLOGY	
VQ	T4523	000	ASSISTIVE TECHNOLOGY	
VQ	T4523	076	ASSISTIVE TECHNOLOGY	
VQ	T4524	0KX	ASSISTIVE TECHNOLOGY	
VQ	T4524	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OI	T4524	000	ASSISTIVE TECHNOLOGY	
VQ	T4524	000	ASSISTIVE TECHNOLOGY	
VQ	T4525	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OI	T4525	000	ASSISTIVE TECHNOLOGY	
VQ	T4525	000	ASSISTIVE TECHNOLOGY	
VQ	T4526	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OI	T4526	000	ASSISTIVE TECHNOLOGY	
VQ	T4526	000	ASSISTIVE TECHNOLOGY	
VQ	T4527	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VQ	T4527	0SG	ASSISTIVE TECHNOLOGY	
OI	T4527	000	ASSISTIVE TECHNOLOGY	
VQ	T4527	000	ASSISTIVE TECHNOLOGY	
VQ	T4527	076	ASSISTIVE TECHNOLOGY	
VQ	T4528	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OI	T4528	000	ASSISTIVE TECHNOLOGY	
VQ	T4528	000	ASSISTIVE TECHNOLOGY	
VQ	T4528	080	ASSISTIVE TECHNOLOGY	
VQ	T4530	0SC	ASSISTIVE TECHNOLOGY	
OI	T4530	000	ASSISTIVE TECHNOLOGY	
VQ	T4530	000	ASSISTIVE TECHNOLOGY	
OI	T4533	000	ASSISTIVE TECHNOLOGY	
VQ	T4534	0SC	ASSISTIVE TECHNOLOGY	
OI	T4534	000	ASSISTIVE TECHNOLOGY	
VQ	T4534	000	ASSISTIVE TECHNOLOGY	
VQ	T4535	0KX	ASSISTIVE TECHNOLOGY	
VQ	T4535	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OI	T4535	000	ASSISTIVE TECHNOLOGY	
VQ	T4535	000	ASSISTIVE TECHNOLOGY	
VQ	T4543	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OI	T4543	000	ASSISTIVE TECHNOLOGY	
VQ	T4543	000	ASSISTIVE TECHNOLOGY	

HASCI Procedure Codes and Modifiers by Type Fund

HASCI

Type Fund	Procedure Code	Modifier	Service	Comments
VQ	T5999	0CS	ASSISTIVE TECHNOLOGY	
VQ	T5999	0KX	ASSISTIVE TECHNOLOGY	
VQ	T5999	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
OI	T5999	000	ASSISTIVE TECHNOLOGY	
VQ	T5999	000	ASSISTIVE TECHNOLOGY	
VQ	T5999	025	ASSISTIVE TECHNOLOGY	
KG	V2020	000	ADULT VISION	
KG	V2199	0LT	ADULT VISION	
KG	V2199	0RT	ADULT VISION	
KG	V2299	0LT	ADULT VISION	
KG	V2299	0RT	ADULT VISION	
VQ	X0241	000	ATTEN CARE SVC-HASCI	
VQ	X0241	073	ATTEN CARE SVC-HASCI	
VQ	X0241	074	ATTEN CARE SVC-HASCI	
VQ	X0241	076	ATTEN CARE SVC-HASCI	
VQ	X0241	077	ATTEN CARE SVC-HASCI	
VQ	X0241	079	ATTEN CARE SVC-HASCI	
X9	X0243	000	ATTEN CARE SVC-HASCI	
X9	X0247	000	ATTEN CARE SVC-HASCI	
X9	X0247	076	ATTEN CARE SVC-HASCI	
X9	X1000	000	HASCI RESIDENTIAL	
X9	X1001	000	HASCI PRE VOC	
X9	X1002	000	CAREER PREPARATION	
X9	X1003	000	HASCI DAY HAB	
VQ	X1922	0GY	ASSISTIVE TECHNOLOGY	
VQ	X1922	0KX	ASSISTIVE TECHNOLOGY	
VQ	X1922	0NU	ASSISTIVE TECHNOLOGY	
VQ	X1922	0SC	ASSISTIVE TECHNOLOGY	
OI	X1922	000	ASSISTIVE TECHNOLOGY	
VQ	X1922	000	ASSISTIVE TECHNOLOGY	
X9	X1922	000	ASSISTIVE TECHNOLOGY	
VQ	X1922	050	ASSISTIVE TECHNOLOGY	
OI	X1922	076	ASSISTIVE TECHNOLOGY	
VQ	X1922	076	ASSISTIVE TECHNOLOGY	
X9	X1922	076	ASSISTIVE TECHNOLOGY	
VQ	X7028	000	RESP-HRLY OR RESP-HRLY/DOC RATE	
X9	X7028	000	RESP-HRLY OR RESP-HRLY/DOC RATE	
VQ	X7028	076	RESP-HRLY OR RESP-HRLY/DOC RATE	
X9	X7028	076	RESP-HRLY OR RESP-HRLY/DOC RATE	
ZX	92506	0HA	ASSESS-COMMUNICATION	
JY	92507	000		
ZX	92507	000	OTHER COMMUN. SVCS	
JY	92557	000		
ZW	92557	000	ASSESS-COMMUNICATION	
ZW	92567	000	AUDIOLOGY EVALUATION	
Y?	97001	0GP	PHYSICAL THERAPY	
Y:	97003	0GO	PHYSICAL THERAPY	

HASCI Procedure Codes and Modifiers by Type Fund

HASCI

Type Fund	Procedure Code	Modifier	Service	Comments
Y?	97110	0GP	PHYSICAL THERAPY	
Y:	97110	0GP		
Y:	97113	0GO	OCCUPATIONAL THERAPY	
Y?	97113	0GP	PHYSICAL THERAPY	
Y?	97140	0GP		
Y?	97161	0GP		
Y?	97161	000		
Y?	97162	0GP		
Y?	97162	000		
Y?	97163	0GP		
Y?	97163	000		
Y?	97164	0GP		
Y?	97164	000		
Y:	97165	0GO		
Y:	97530	0GO	PHYSICAL THERAPY	
Y?	97530	0GP	PHYSICAL THERAPY	
Y:	97530	0GP	PHYSICAL THERAPY	

ID/RD Procedure Codes and Modifiers by Type Fund

Type Fund	Procedure Code	Modifer	Service	Comments
EI			PRESCRIBED DRUGS	
VF	A0120	000	ADULT DAY HLTH TRANS	
VF	A4554	0KX	ASSISTIVE TECHNOLOGY	
VF	A4554	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	A4927	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
FC	D0120	000	ADULT DENTAL	
FC	D0140	000	ADULT DENTAL	
FC	D0150	000	ADULT DENTAL	
FC	D0210	000	ADULT DENTAL	
FC	D0220	000	ADULT DENTAL	
FC	D0230	000	ADULT DENTAL	
FC	D0272	000	ADULT DENTAL	
FC	D0274	000	ADULT DENTAL	
FC	D0330	000	ADULT DENTAL	
FC	D1110	000	ADULT DENTAL	
FC	D2140	000	ADULT DENTAL	
FC	D2150	000	ADULT DENTAL	
FC	D2160	000	ADULT DENTAL	
FC	D2161	000	ADULT DENTAL	
FC	D2330	000	ADULT DENTAL	
FC	D2331	000	ADULT DENTAL	
FC	D2332	000	ADULT DENTAL	
FC	D2335	000	ADULT DENTAL	
FC	D2391	000	ADULT DENTAL	
FC	D2392	000	ADULT DENTAL	
FC	D2393	000	ADULT DENTAL	
FC	D2394	000	ADULT DENTAL	
FC	D7140	000	ADULT DENTAL	
FC	D7210	000	ADULT DENTAL	
FC	D7230	000	ADULT DENTAL	
FC	D7240	000	ADULT DENTAL	
FC	D7250	000	ADULT DENTAL	
FC	D9222	000	ADULT DENTAL	
FC	D9223	000	ADULT DENTAL	
FC	D9230	000	ADULT VISION	
FC	D9248	000	ADULT DENTAL	
XX	G0177	000	SUPPORT CENTER SERVS	
Y=	H0023	000	BEHAVIOR SUPPORTS	
Y=	H0023	059	BEHAVIOR SUPPORTS	
XX	H0045	000	RESPITE-ICF/ID	
Y=	H0046	000	BEH SUPPORT EVAL	
Y=	H0046	000	FAMILY/IND. THERAPY	
Y=	H0046	000	PSYCH-ASSESS/TREAT	
XX	H2016	000	COMMUNITY SERVICES	
XX	H2025	000	EMPLOYMENT SERV-IND	

ID/RD Procedure Codes and Modifiers by Type Fund

Type Fund	Procedure Code	Modifer	Service	Comments
XX	H2026	000	EMPLOYMENT SERV-GRP	
VF	S5121	0U1	PEST CONTROL TREATMN	
VF	S5121	000	PEST CONTROL TREATMN	
VF	S5130	000	PERSONAL CARE I	
VF	S5130	074	PERSONAL CARE I	
VF	S5130	076	PERSONAL CARE I	
VF	S5160	000	PER EMERG RESPON SYS	
VF	S5161	000	PER EMERG RESPON SYS	
XX	S5165	000	ENVIRONMENTAL MODS	
VF	S9123	000	NURSING -RN	
VF	S9123	076	NURSING -RN	
VF	S9123	077	NURSING -RN	
VF	S9124	000	NURSING -LPN	
VF	S9124	076	NURSING -LPN	
VF	S9124	077	NURSING -LPN	
VF	T1002	000	RN SPECIALIZED CHILD	
VF	T1002	076	RN SPECIALIZED CHILD	
VF	T1002	077	RN SPECIALIZED CHILD	
VF	T1003	000	LPN SPECIALIZD CHILD	
VF	T1003	076	LPN SPECIALIZD CHILD	
VF	T1003	077	LPN SPECIALIZD CHILD	
VF	T1019	0T1	PERSONAL CARE II	
VF	T1019	000	PERSONAL CARE II	
VF	T1019	074	PERSONAL CARE II	
VF	T1019	076	PERSONAL CARE II	
XX	T2014	000	CAREER PREPARATION	
XX	T2020	000	DAY ACTIVITY	
VF	T2025	000	IN HOME SRV-SELF DIR	
XX	T2025	000	IN HOME SRV-SELF DIR	
VF	T2029	0U1	SME/AST TEC ASMT/CON	
VF	T2029	000	SME/AST TEC ASMT/CON	
XX	T2039	000	PRIV VEHICLE MOD	
VF	T4521	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T4522	0KX	ASSISTIVE TECHNOLOGY	
VF	T4522	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T4523	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T4524	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T4525	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T4526	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T4526	076	ASSISTIVE TECHNOLOGY	
VF	T4527	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T4528	0KX	ASSISTIVE TECHNOLOGY	
VF	T4528	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T4530	0KX	ASSISTIVE TECHNOLOGY	
VF	T4532	0KX	ASSISTIVE TECHNOLOGY	

ID/RD Procedure Codes and Modifiers by Type Fund

Type Fund	Procedure Code	Modifer	Service	Comments
VF	T4533	0KX	ASSISTIVE TECHNOLOGY	
VF	T4534	0KX	ASSISTIVE TECHNOLOGY	
VF	T4534	0SC	ASSISTIVE TECHNOLOGY	
VF	T4534	076	ASSISTIVE TECHNOLOGY	
VF	T4535	0KX	ASSISTIVE TECHNOLOGY	
VF	T4535	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T4543	0KX	ASSISTIVE TECHNOLOGY	
VF	T4543	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T5999	0KX	ASSISTIVE TECHNOLOGY	
VF	T5999	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
KJ	V2020	0Q5	ADULT VISION	
KJ	V2020	0RA	ADULT VISION	
KJ	V2020	0U9	ADULT VISION	
KH	V2020	000	ADULT VISION	
KJ	V2020	000	ADULT VISION	
KJ	V2100	0LT	ADULT VISION	
KJ	V2100	0RT	ADULT VISION	
KH	V2100	000	ADULT VISION	
KJ	V2100	000	ADULT VISION	
KJ	V2101	0LT	ADULT VISION	
KJ	V2101	0RT	ADULT VISION	
KH	V2101	000	ADULT VISION	
KJ	V2101	000	ADULT VISION	
KJ	V2102	0LT	ADULT VISION	
KJ	V2102	0RT	ADULT VISION	
KJ	V2102	000	ADULT VISION	
KJ	V2103	0LT	ADULT VISION	
KJ	V2103	0RA	ADULT VISION	
KJ	V2103	0RT	ADULT VISION	
KH	V2103	000	ADULT VISION	
KJ	V2103	000	ADULT VISION	
KJ	V2104	0LT	ADULT VISION	
KJ	V2104	0RT	ADULT VISION	
KJ	V2104	000	ADULT VISION	
KJ	V2105	0LT	ADULT VISION	
KJ	V2105	0RT	ADULT VISION	
KJ	V2105	000	ADULT VISION	
KJ	V2106	0RT	ADULT VISION	
KJ	V2106	000	ADULT VISION	
KJ	V2107	0LT	ADULT VISION	
KJ	V2107	0RT	ADULT VISION	
KJ	V2107	000	ADULT VISION	
KJ	V2108	0LT	ADULT VISION	
KJ	V2108	0RT	ADULT VISION	
KJ	V2108	000	ADULT VISION	

ID/RD Procedure Codes and Modifiers by Type Fund

Type Fund	Procedure Code	Modifer	Service	Comments
KJ	V2109	0RT	ADULT VISION	
KJ	V2109	000	ADULT VISION	
KJ	V2111	0LT	ADULT VISION	
KJ	V2111	0RT	ADULT VISION	
KJ	V2111	000	ADULT VISION	
KJ	V2112	0LT	ADULT VISION	
KJ	V2112	0RT	ADULT VISION	
KJ	V2112	000	ADULT VISION	
KJ	V2113	0RT	ADULT DENTAL	
KJ	V2113	000	ADULT DENTAL	
KJ	V2114	0LT	ADULT VISION	
KJ	V2114	0RT	ADULT VISION	
KJ	V2114	000	ADULT VISION	
KJ	V2200	0LT	ADULT VISION	
KJ	V2200	0RT	ADULT VISION	
KJ	V2200	000	ADULT VISION	
KJ	V2201	0LT	ADULT VISION	
KJ	V2201	0RT	ADULT VISION	
KJ	V2201	000	ADULT VISION	
KJ	V2202	000	ADULT VISION	
KJ	V2203	0LT	ADULT VISION	
KJ	V2203	0RA	ADULT VISION	
KJ	V2203	0RT	ADULT VISION	
KJ	V2203	000	ADULT VISION	
KJ	V2204	0LT	ADULT VISION	
KJ	V2204	0RA	ADULT VISION	
KJ	V2204	0RT	ADULT VISION	
KJ	V2204	000	ADULT VISION	
KJ	V2205	0LT	ADULT VISION	
KJ	V2205	000	ADULT VISION	
KJ	V2207	0LT	ADULT VISION	
KJ	V2207	0RA	ADULT VISION	
KJ	V2207	0RT	ADULT VISION	
KJ	V2207	000	ADULT VISION	
KJ	V2208	0RA	ADULT VISION	
KJ	V2208	000	ADULT VISION	
KJ	V2211	0RA	ADULT VISION	
KJ	V2211	0RT	ADULT VISION	
KJ	V2211	000	ADULT VISION	
KJ	V2520	000	ADULT VISION	
KJ	V2744	0LT	ADULT VISION	
KJ	V2744	0RT	ADULT VISION	
KJ	V2744	000	ADULT VISION	
KJ	V2755	0LT	ADULT VISION	
KJ	V2755	0RT	ADULT VISION	

ID/RD Procedure Codes and Modifiers by Type Fund

Type Fund	Procedure Code	Modifer	Service	Comments
KH	V2755	000	ADULT VISION	
KJ	V2755	000	ADULT VISION	
KJ	V2780	000	ADULT VISION	
KJ	V2784	0LT	ADULT VISION	
KJ	V2784	0RA	ADULT VISION	
KJ	V2784	0RT	ADULT VISION	
KH	V2784	000	ADULT VISION	
KJ	V2784	000	ADULT VISION	
ZS	V5011	000	AUDIOLOGY SERVICES	
OG	V5030	0LT	AUDIOLOGY SERVICES	
OG	V5030	0RT	AUDIOLOGY SERVICES	
OG	V5050	0LT	AUDIOLOGY SERVICES	
OG	V5050	0RT	AUDIOLOGY SERVICES	
OG	V5060	0LT	AUDIOLOGY SERVICES	
OG	V5060	0RT	AUDIOLOGY SERVICES	
OG	V5264	0LT	AUDIOLOGY SERVICES	
OG	V5264	0RT	AUDIOLOGY SERVICES	
OG	V5266	0RT	AUDIOLOGY SERVICES	
OG	V5266	000	AUDIOLOGY SERVICES	
OG	V5267	0RT	AUDIOLOGY SERVICES	
ZS	V5275	0LT	AUDIOLOGY SERVICES	
ZS	V5275	0RT	AUDIOLOGY SERVICES	
XX	X0247	000	PERSONAL CARE II	
XX	X0247	000	UAP ATTENDANT CARE	
XX	X0247	076	PERSONAL CARE II	
XX	X0247	076	UAP ATTENDANT CARE	
VF	X1915	0LT	ASSISTIVE TECHNOLOGY	
VF	X1915	0RT	ASSISTIVE TECHNOLOGY	
VF	X1915	000	ASSISTIVE TECHNOLOGY	
VF	X1916	0LT	ASSISTIVE TECHNOLOGY	
VF	X1916	0RT	ASSISTIVE TECHNOLOGY	
VF	X1916	000	ASSISTIVE TECHNOLOGY	
XX	X1916	000	ASSISTIVE TECHNOLOGY	
VF	X2045	000	ADLT DAY HLTH NURSNG	
XX	X6974	000	SLP I	
XX	X6974	076	SLP I	
XX	X6975	000	CRCF	
XX	X6975	000	CTH I	
XX	X6975	000	CTH II	
XX	X6975	000	SLP II	
VF	X6985	000	RESP-HRLY OR RESP-HRLY/DOC RAT	
XX	X6985	000	RESP-HRLY OR RESP-HRLY/DOC RAT	
VF	X6985	076	RESP-HRLY OR RESP-HRLY/DOC RAT	
XX	X6985	076	RESP-HRLY OR RESP-HRLY/DOC RAT	
XX	X6986	000	ADULT COMPANION	

ID/RD Procedure Codes and Modifiers by Type Fund

Type Fund	Procedure Code	Modifer	Service	Comments
VF	X6987	000	ADULT DAY HEALTH	
VF	X6987	076	ADULT DAY HEALTH	
XX	X9322	000	PRIV VEHICLE MOD	
DS	1		ADULT DENTAL	
FC	41874	000	ADULT DENTAL	
KJ	92340	0RA	ADULT VISION	
KH	92340	000	ADULT VISION	
KJ	92340	000	ADULT VISION	
KJ	92341	000	ADULT VISION	
KJ	92342	000	ADULT VISION	
Y(	92507	000	PHYSICAL THERAPY	
ZT	92507	000	SPEECH EVALUATION	
ZT	92523	000		
ZT	92526	000		
ZS	92552	000	SPEECH EVALUATION	
ZS	92557	000	SPEECH EVALUATION	
ZS	92557	052	SPEECH EVALUATION	
ZS	92567	000	SPEECH EVALUATION	
ZS	92579	000	AUDIOLOGY SERVICES	
ZS	92585	000	AUDIOLOGY SERVICES	
ZS	92587	000	SPEECH EVALUATION	
ZS	92588	000	SPEECH EVALUATION	
ZS	92590	0LT	SPEECH EVALUATION	
ZS	92590	0RT	SPEECH EVALUATION	
ZS	92590	000	SPEECH EVALUATION	
ZS	92592	0LT	SPEECH EVALUATION	
ZS	92592	0RT	SPEECH EVALUATION	
ZS	92592	000	SPEECH EVALUATION	
ZS	92592	050	SPEECH EVALUATION	
ZS	92603	000		
ZT	92607	000		
Y(	92608	000		
ZT	92608	000		
Y(	92609	000		
ZT	92609	000		
ZT	92610	059		
ZT	92612	000		
Y(	97110	0GP	PHYSICAL THERAPY	
Y!	97110	0GP	PHYSICAL THERAPY	
Y!	97113	0GO		
Y(	97113	0GP		
Y!	97140	0GO		
Y(	97140	0GP		
Y(	97161	0GP		
Y!	97161	0GP		

ID/RD Procedure Codes and Modifiers by Type Fund

Type Fund	Procedure Code	Modifer	Service	Comments
Y(	97161	000		
Y(	97162	0GP		
Y(	97163	0GP		
Y(	97164	0GP		
Y(	97164	000		
Y!	97165	0GO		
Y!	97166	0GO		
Y!	97167	0GO		
Y!	97168	0GO		
Y!	97168	000		
Y!	97530	0GO	PHYSICAL THERAPY	
Y(	97530	0GP	PHYSICAL THERAPY	
Y!	97530	0GP	PHYSICAL THERAPY	

Are **YOU** the weakest link?

EGRC Services

Enterprise Governance, Risk & Compliance (EGRC) is responsible for:

- **Information Security and Privacy Policy Development and Enforcement**

- **Information Accountability and Audit**

- **Information Security Threat and Vulnerability Management**

- **Cyber Security Incident and HIPAA Breach Response**

- **Cyber Security Awareness and HIPAA Training**

To report incidents or if you have any Security/Privacy related questions, please contact us @

RISK@DDSN.SC.GOV

SANS TRAINING

SECURITY AWARENESS

- **Required to be completed annually**
- **Campaign runs from Jan – October**
- **20 Modules (approximately 60 minutes)**

From: List Risk & Compliance
Sent: DDDD, MMMM DD, YYYY HH:MM AM
To: List Risk & Compliance <Risk@ddsn.sc.gov>
Subject: Providers and Boards 2019 SANS Securing the Human Cyber Security Annual Recertification (CSAR)

Good Day:

The SC Department of Disabilities and Special Needs Enterprise Governance, Risk, and Compliance Department is proud to announce the 2019 SANS Securing the Human Cyber Security Annual Recertification (CSAR). **This email serves as the formal notification for each Board and Provider to begin the SANS training**. This would include, but not be limited to, employees who access Therap, CDSS, consumer intake, consumer medical data, consumer employment data, or any other information containing PHI or PII regarding a DDSN consumer or potential DDSN consumer. For full compliance, each employee must complete all **20** assigned modules in the SANS system. If you have any questions as to whom this may entail, or you are unable to activate all your employees due to licensing issues, please contact the EGRC team at Risk@ddsn.sc.gov

At this time boards and providers should have already uploaded their employees into the SANS training website. **You will have until MMMM October 31, 20YY, in which all identified personnel must be trained.** Training for the year ends October 31, 20**YY** and is not required for November and December. Training will resume in January 20**YY**.

Please follow the instructions below to access the SANS Securing the Human Cyber Security Training:

1. Visit the training website at: https://vle.securingthehuman.org/auth/login.php

Welcome to the SANS Virtual Training Center

Log in here using your username and password:
(Cookies must be enabled in your browser)

Username

Password

[Log in]

Forgot your password? *Click Here*

2. If this is your first time logging in, click the Forgot Your Password link. Enter your email address you provided as a username for the training, and follow the steps to reset your password.

3. Once logged into the system, employees should complete all the training videos and the question at the end of each video. All videos DO NOT need to be completed the same day. Once a video is watched and the question at the end is answered, that module is complete. Employees do have the ability to go back and re-watch a video, but will not receive credit for a second time through. If they need to, they may log in and out multiple times/several times a day. The system will save their progress.

EMAIL ENCRYPTION

- **It is required that consumer PHI/PII be sent securely in THERAP using SCOMM**
- **Examples of PHI/PII include...**
  - **Medical Info, SSN, DL, DOB, GENDER, AGE, ETC.**

*SCOMM Provides a secure way to send the following types of information to each other while logged into Therap: **Social Security Numbers, Driver's License Number, Passport Number, Personal Credit/Debit Card Number(s), Personal Finance Information, Taxpayer ID, Employee ID, Health Insurance Beneficiary, Vehicle License Plate, State ID, Mother's Maiden Name, Name, Date of Birth, Place of Birth, Home Address, Maiden Name, Gender, Age, Race / Ethnicity, Personal Email Address, Religious Preferences, Medical Information, Spousal Information, Security Clearance, Emergency Contacts, Military Status / Service Status, or OTHER confidential information.***

To send an SCOMM you must have a Therap account and the receiving party must have a Therap account. If you do not have an account. Please contact your Therap Security Administrator.

Therap®

Upcoming Webinar

Therap New Release: 2019.2.0
August 14, 2019 | 12.30 pm ET/9.30 am PT

Call for Presentations

National Conference 2020
Denver, Colorado
Jan 28 – Jan 30

New
Scanner Interface
Coming Soon

English

Login

Login Name [ ]

Password [ ]

Provider Code [ ]

Login

Forgot Password?   Trouble Logging In?

YOU are a target to hackers

Don't ever say "It won't happen to me". We are all at risk and the stakes are high - to your personal and financial well-being, and to the Agency's security and privacy posture.

- Keeping consumer resources secure and private (to the extent of minimum necessary to perform a given function) is EVERYONE'S responsibility.
- By following the tips below and remaining vigilant, you are doing your part to protect yourself and others.

Keep software up to date on your personal devices
Installing software updates for your operating system and programs is critical. Always install the latest security updates for your devices:
Turn on Automatic Updates for your operating system.
Use web browsers such as Chrome or Firefox that receive frequent, automatic security updates.
Make sure to keep browser plug-ins (Flash, Java, etc.) up to date.

Never leave devices unattended
The physical security of your devices is just as important as their technical security.
If you need to leave your laptop, phone, or tablet for any length of time - lock it up so no one else can use it.
If you keep sensitive information on a flash drive or external hard drive, make sure to keep these locked as well.
For desktop computers, shut-down the system when not in use - or lock your screen.

Be careful what you click
Avoid visiting unknown websites or downloading software from untrusted sources. These sites often host malware that will automatically, and often silently, compromise your computer.
If attachments or links in the email are unexpected or suspicious for any reason, don't click on it.

Back up your personal data
Back up regularly - if you are a victim of a security incident, the only guaranteed way to repair your computer is to erase and re-install the system.

Avoid Phishing scams - beware of suspicious emails and phone calls
Phishing scams are a constant threat - using various social engineering ploys, cyber-criminals will attempt to trick you into divulging personal information such as your login ID and password, banking or credit card information.
Phishing scams can be carried out by phone, text, or through social networking sites - but most commonly by email.
Be suspicious of any official-looking email message or phone call that asks for personal or financial information.

Protect sensitive data
Be aware of sensitive data that you come into contact with, and associated restrictions. In general:
Keep sensitive data off of your workstation, laptop, or mobile devices.
Securely remove sensitive data files from your system when they are no longer needed.
Always use encryption when storing or transmitting sensitive data.

Install anti-virus protection on your personal devices
Only install an anti-virus program from a known and trusted source. Keep virus definitions, engines and software up to date to ensure your anti-virus program remains effective.

Practice good password management
We all have too many passwords to manage - and it's easy to take short-cuts, like reusing the same password or sticky notes on your monitor. A password management program can help you to maintain strong unique passwords for all of your accounts. These programs can generate strong passwords for you, enter credentials automatically, and remind you to update your passwords periodically.
There are several online password management services that offer free versions such a KeePass, Dashlane or LastPass (my favorite).
Here are some general password tips to keep in mind:
Use long passwords - **20 characters or more is recommended.**
Use passphrases that are easy for YOU to remember (e.g., I run @ least 3 days a week! OR IRun@Least3DaysAWeek)
Use a strong mix of characters, and never use the same password for multiple sites. The password manager can really help with this. I know, I have a different password for every account that I use.
Don't share your passwords and don't write them down (especially not on a post-it note attached to your monitor).
Update your passwords periodically, at least once every 6 months (90 days is better). You don't have to wait until they expire to change.

Use mobile devices safely
Considering how much we rely on our mobile devices, and how susceptible they are to attack, you'll want to make sure you are protected:
Lock your device with a PIN or password - and never leave it unprotected in public.
Only install apps from trusted sources.
Keep your device's operating system updated.
Don't click on links or attachments from unsolicited emails or texts.
Avoid transmitting or storing personal information on the device.
Most handheld devices are capable of employing data encryption - consult your device's documentation for available options.
Backup your data.

HELPFUL TIPS

SC Department of Disabilities and Special Needs

IT Provider Onboarding Handbook

1. **Helpdesk-**
   a. The DDSN helpdesk operates Monday – Friday 8 am -4:30 pm. Submit email to helpdesk@ddsn.sc.gov. **Ph. 803-898-9767.**
   b. We offer after hours support to cover **critical issues**. To reach our helpdesk after hours please call **ph. 803-429-0160.**

2. **Therap-**
   a. **Therap Access** - Security for Therap is controlled by the Therap Security Administrator during the onboarding process.
   b. **Therap Training -** Training User Guides. Training for new users are accommodated through the provider. If for any reason you need additional How-To information, we provide through Therap resources that can help answer questions about navigating the system.

      https://help.therapservices.net/app/products/detail/p/515

3. **Portal- The DDSN portal is located at:** https://app.ddsn.sc.gov/ddsnportal/applicationListing.do
   a. CDSS (DB2) – Core demographic data.
   b. DSAL/RESLOG – Day and Residential Logs
   c. RBC – Securely submit billing documentation, error correction forms, etc
   d. JEDI – Maintain user access to portal and user information
   e. R2D2 (Actuate Reporting) – Run a variety of reports
   f. SPM – Communication distribution channels
   g. Business Tools – Access to forms, directives, standards, manuals, and other documents

4. **DDSN Website -** The DDSN website is located at http://ddsn.sc.gov The following information can be found on this site and much more: Finance end Audit Resources, DDSN Directives, Executive Memos, Standards and Manuals, provider rates, etc.

5. **Security and Access**
   a. **New User Request -** JEDI - If you have a security or access request, submit a request to your provider security administrator (PSA) in the JEDI system. The provider security administrator will submit all relevant information and IT will process the request and respond back to the Security Administrator.
   b. **Terminating User -** Currently our PSA are responsible for reporting terminations in the system. In the event you have an employee that has resigned or was terminated, it is important to notify your PSA immediately so our team can disable the user account in the system. This applies to changes of accounts or security access.
   c. **Security -** It is strictly prohibited to share account information amongst staff members as this violates the agency policies.

6. **SPM** – Make sure you are listed/your key staff are listed in the Service Provider Management system and are in the proper categories to ensure receipt of communications relevant to them. Memo provided in handouts for more information.

DDSN Executive Memo

Date: 11/7/2018

To: Executive Directors & CEOs

From: State Director Mary Poole *mp/pjm*

Re: Simplify and Standardize Disseminating Important Information to Providers

Based on positive feedback from the DDSN Business Task Force, DDSN will simplify and standardize a process to disseminate important information to providers. With the wide variety of communication channels today, such as emails, phone calls, Skype, meetings, and task forces, important information can be lost in the volume of communications or misrouted by the sender. DDSN's new formal system for important information will ensure relevant facts are solidified into **ONE document** and 100% of the effected providers/stakeholders receive this information at the same time.

This new formal dissemination channel will operate as follows:

- DDSN establishes a single, standard memo format; requires Associate State Director or State Director authority to send (quality/consistency/relevancy); and a single person designated for questions, to include phone# & email address.

- Establish a single DDSN public webpage repository for "DDSN Executive Memos," which is https://www.ddsn.sc.gov/providers/executive-memos. This webpage keeps the memos in one master repository by date, as well as major topics sorted to simplify retrieval for case management, waiver services, quality management, and financial matters.

- The key to this new communication process is upgrading the precision of the current "Service Provider Management" (SPM) email system. The email notification categories are precisely defined to reach the intended recipient(s), such as EDs impacted & agency functional experts (i.e., case manager supervisor, CFO, residential director), as well as eliminate DDSN's current tendency to "shotgun" email dissemination for all issues to all EDs. This will permit providers to use SPM to tailor the receipt of important DDSN information to their appropriate personnel responsible, as well as build in redundancy/backups. This also provides assurance to DDSN the intended management level and/or functional area receives the information 100% of the time.

- The NEW SPM RECIPIENT LIST will contain 16 categories for providers to populate: Board Chairman; EDs-DSN Boards; EDs-QPLs; EDs w/ residential services; EDs w/ EI services; EDs w/ case management; EDs w/ day program; Residential Directors; EI Supervisors; Case Management Supervisors; Day Program Directors; Chief Financial Officer; Human Resource Director; Maintenance/Plant Operations Manager; Therap point of contact (POC); Quality Management POC; and SPM POC. DDSN will populate four additional SPM categories: Regional Center Facility Administrators; District Office Directors; DDSN Executive Staff; and External Stakeholders.

ACTION REQUIRED BY EACH PROVIDER IN THE DDSN NETWORK:
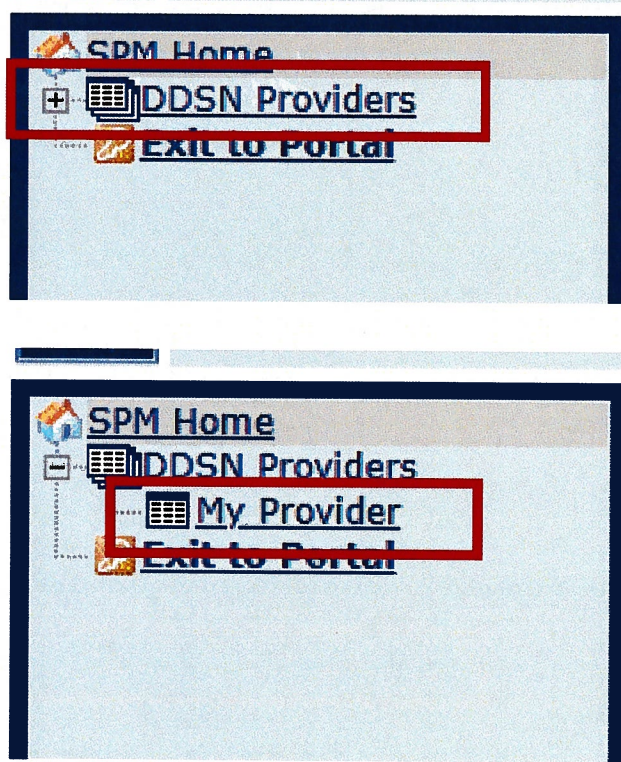
By 12/31/2018, populate the SPM email system with your agency's POC for the above applicable categories; the prior SPM list has been deleted. DDSN places no restrictions on how each provider arranges its SPM category recipients to meet its needs for its internal communications and redundancy.   Attached to this memo are instructions to populate the SPM email system.
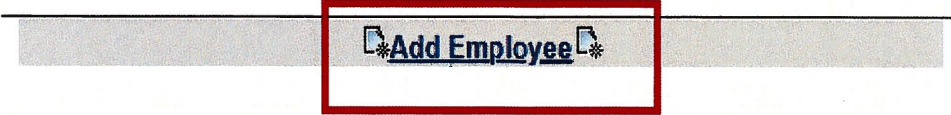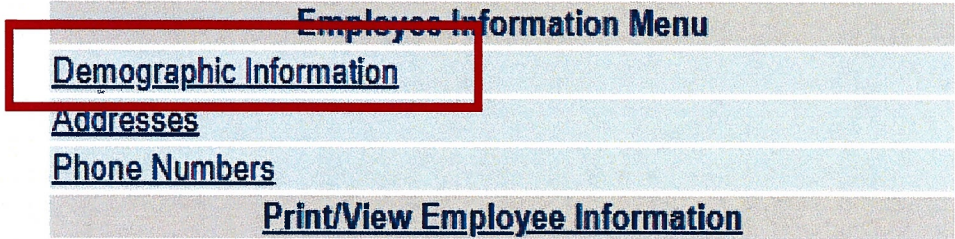
The DDSN Project Manager for this new process will be Chief Information Officer David Foshee, who can be reached at desk# 803/898-9781 and email dfoshee@ddsn.sc.gov.

Thank you in advance for your initial time investment to improve communications between DDSN and the provider network, which is critical to our mutual mission of serving our consumers.

HOW TO SIGN UP FOR COMMUNICATION CHANNELS

MUST BE COMPLETED BY PROVIDER ADMINISTRATORS

1)	Login to the SCDDSN Portal	https://app.ddsn.sc.gov/ddsnportal/ddsn_login.jsp
2)	Select SPM	**SPM** Service Provider Management
3)	On the SPM Home page, click the (+) to expand DDSN Providers and select My Provider.	SPM Home ⊞ DDSN Providers Exit to Portal SPM Home ⊟ DDSN Providers My Provider Exit to Portal
4)	Select Key Employees	**Provider Information Menu** Demographic Information Facilities **Employee Information** Key Employees Print/View Provider Information
5)	Select Employee's name from the list.	Employee Name / Title — Abnet, Sally — Add Employee

6)	If the employee is not listed, click Add Employee. Adding an Employee will skip step 7.	**Add Employee**
7)	One you have selected the employee, select Demographic Information.	**Employee Information Menu** **Demographic Information** **Addresses** **Phone Numbers** **Print/View Employee Information**

8)	Once on the Demographic page, make sure your First and Last Name and Email are shown. Then check the applicable communication channels.	**Prefix:** **First Name:** Sally * **Middle Initial:** **Last Name:** Abnet * **Suffix:** **Title:** ▼ **Email:** sabnet@ddsn.sc.gov * **Important Message!** Subscribers to this list are not necessarily in the group because of their job title. **Communication Channels:** ☐ Board Chairman ☐ EDs-DSN Boards ☐ EDs-QPLs ☐ EDs with residential services ☐ EDs with EI services ☐ EDs with case management ☐ EDs with day program ☐ Residential Directors ☐ EI Supervisors ☐ Case Management Supervisors ☐ Day Program Directors ☐ Chief Financial Officer ☐ Human Resource Director ☐ Maintenance/Plant Operations Manager ☐ Therap point of contact(POC) ☐ Quality Manager ☐ SPM email POC ☐ Regional Center Facility Administrator ☐ District Office Director ☐ DDSN Executive Staff ☐ External Stakeholders
9)	Click Save	**Save** Cancel
10)	You will then be taken back to the Employee Information Menu	**Employee Information Menu** Demographic Information Addresses Phone Numbers **Print/View Employee Information**

Document Properties (Complete All and Edit Here)

Doc Title: How To Sign Up For Communication
Channels
Author/s: Stamper, Tiffany
Business Owner: Business Owner Here
Subject: Put Subject Here
Keywords: Keywords – the minimum is the words from
your title that are 5 characters or more – add others, too,
like the app context, the project, etc.
Status: Template Final

Procurement Requirements

SUPPLY AND SERVICES DIVISION

CANDIS GOLSTON

DIRECTOR OF PROCUREMENT

803-898-9666

CANDIS.GOLSTON@DDSN.SC.GOV

Procurement Organization

▶ Chief Procurement Officer - Chris Clark, CFO

▶ Director of Procurement - Candis Golston

▶ Procurement Specialist - Terri Maple

▶ Supply Specialist - Ronnie Jefferson

Procurement Regulations

▶ SCDDSN Directive 250-08-DD – "Procurement Directives for Local DSN Boards and Contracted Service Providers"

▶ Assistance available to providers by contacting procurement staff

▶ Directive is available on our website

https://ddsn.sc.gov/providers/ddsn-directives-standards-and-manuals/current-directives

▶ Each provider must adopt their own procurement policy based upon DDSN directive

▶ Provider can be more restrictive, but not less restrictive, than the directive

▶ Must follow provider policy if you have one

Audit Requirements

- Your external auditor is required to test compliance with the procurement directive

- They will also report to DDSN on their findings

- Corrective action plan is required if there are any findings

Code of Conduct/Conflicts

- Provider must establish and implement a written code of conduct

- Conflict of interest awareness – in fact or appearance

- No employee or board member may solicit or receive personal gratuities, favors, or anything of monetary value from contractors or suppliers

- State Ethics Code governs DSN Boards; can be used by contract service providers as a guide

- Signed conflict of interest statements required for key employees and board members

Purchase Levels

- $10,000 or less (Little or no competition required)
- $10,001 - $25,000 (Three Written Quotes)
- $25,001 - $100,000 (Written solicitation required – no minimum bids)
- $100,001 or higher (Invitation to Bid required – no minimum bids)

Purchase Definition

▶ Purchase of 250 boxes of gloves at $50 per box = $12,500 purchase

▶ Hiring contractor to paint 4 houses at a cost of $6,500 per home = $26,000 purchase

▶ Purchasing 40 computers at $1,000 each = $40,000 purchase

▶ Signing a 60 month copier lease at $400 per month = $24,000 purchase

▶ Hiring a lawn company to cut 15 yards at $1,500 per month for a three years = $54,000 purchase ($1,500 x 12 mos x 3 years)

▶ Purchasing computers from your IT consultant are not part of the consulting contract and are considered a purchase subject to the directive

Splitting Purchases

- Procurement requirements must not be artificially divided to constitute a small purchase or avoid getting competition. A combination of procurement methods such as State Standard purchase orders and multiple procurement/credit cards cannot be used to circumvent the need for quotations.

Purchase Exemptions

▶ Directive provides for certain exemptions listed in Appendix A

▶ Usage of state contract vendors

▶ Professional services – legal, auditing, medical, dental, psychology, therapists, real estate agents, etc.

▶ Sole Source

▶ Emergency

Sole Source

- Product or services available from only one source

- Source is the sole manufacture/ service provider and distributor

- Requires a written justification be maintained in the file

- If over $ 50,000 an Intent to Sole Source must be posted in SCBO for 5 Business Days before awarding the contract

- If over $250,000 an Intent to Sole Source posted in SCBO for 10 Business Days before awarding the contract

Emergency Procurement

- An emergency exists if a condition is present that creates a threat to a consumer's health, welfare, or safety.

- Competition should be sought to the extent possible given the situation

- Only what is needed to alleviate the emergency.

- Emergencies require a declaration in advance of the purchase.

- Written Justification is required to be maintained in the file.

- Notice posted in SCBO if over $50,000 as soon as practical after purchase

Awarding a Purchase Contract

- ► Apples to apples quotations required
- ► Not required to award to lowest price
- ► Award to lowest responsive and responsible bidder/quote
  - ► Consider performance
  - ► Competencies
  - ► Capabilities
  - ► Capacities
  - ► Insurance/bonds/licenses

Small Purchases Under $10K

- Prices must be "fair and reasonable"
- Purchases must be distributed equally among qualified suppliers.
- When practical, quotes must be solicited from other than the previous supplier before placing a repeat order
- Steps should be taken to ensure the price is reasonable
  - Comparison to previous price
  - Personal knowledge of item/service purchased
- No competition is required

Small Purchases $10K - 25K

▶ Must obtain three written quotes

▶ Quotes must be "Bona Fide" - "no bid" quotes do not count

▶ Less than three bids are required if advertised in SCBO – South Carolina Business Opportunities through the South Carolina Procurement Services Office

▶ Can also use local newspapers to advertise in lieu of SCBO

Purchases $25k - $100k

- Must be advertised at least once in SCBO
- Advertise long enough to increase competition
- No minimum number of bids are required
- Must maintain evidence of advertising in procurement file or with invoice

Purchases over $100k

- Invitation to bid process used
- No minimum bids required
- Preferences should be used
- Sealed bids process
- Public bid opening with witness
- Tabulation of bids
- Post bid results

Protests

- Awards in excess of $50,000 are subject to protest
- Providers must have a policy/procedure in place to handle protests

Questions?

- Thank you for your time!

RESOURCES FOR ALL

- www.Procurement.sc.gov
  - Registered SCEIS Vendors
- https://ddsn.sc.gov/providers/ddsn-directives-standards-and-manuals
  - Procurement Requirements for Local DSN Boards and Contracted Service Providers (Directive 250-08-DD)

SMALL PURCHASE PROCEDURES

COMPETITION AND NOTICE REQUIREMENTS						
X = Total Potential Value of Procurement	SCBO Advertisement Required?			Bona Fide Written Quotes Required?		
	COTS	Construction	Everything Else	COTS	Construction*	Everything Else
X ≤ $10,000§	No	No	No	No	No	No
$10,000 < X ≤ $25,000	No	No	No	Yes – 3 or more**	Yes – 3 or more**	Yes – 3 or more**
$25,000 < X ≤ $50,000	No	No	Yes	Yes – 3 or more**	Yes – 3 or more**	Yes – 1 or more
$50,000 < X ≤ $100,000	No	No	Yes	Yes – 3 or more**	Yes – 3 or more**	Yes – 1 or more

AWARD AND PROTESTS						
X = Total Potential Value of Procurement	Notice of Award Required?‡			Protestable?		
	COTS	Construction	Everything Else	COTS	Construction	Everything Else
X ≤ $10,000	No	No	No	No	No	No
$10,000 < X ≤ $25,000	No	No	No	No	No	No
$25,000 < X ≤ $50,000	No	No	No	No	No	No
$50,000 < X ≤ $100,000	Yes	Yes	Yes	Yes‡‡	Yes‡‡	Yes‡‡

Notes

§ "The purchasing office must annotate the purchase requisition: 'Price is fair and reasonable' and sign." S.C. Code Ann. § 11-35-1550(2)(a).

* Procuring agency does not have to but may require bidders to provide bid bonds for projects of $100,000 or less. Procuring agency must require performance and payment bonds on projects greater than $50,000.

** If published in SCBO, only one bona fide written quote from a responsible bidder is needed.

‡ When required, notice of an award must be communicated to all bidders on the same date award is made. Any method of communication may be used (Reg. 19-445.2100A(6)).

‡‡ Contract formation is not delayed after notice of award. Purchasing agency does not have to wait for the protest period to expire before allowing the awarded vendor to start performance.

DDSN CONTRACT INFO

Contract period runs July 1- June 30. Full contract normally issued every five years and renewed for four subsequent fiscal years. We have extended this due to upcoming changes.

Capitated Original Contract- Based on May 1 download. Only consumers in place as of May 1 will appear. This is a way to get providers paid by July 1.

**Capitated Amendment One- Based on July 1 download. This is the information that will be amended throughout the year. Keep all back-up documentation for reference. This will include: Provider Official Listing, Residential Report and various schedules. This information will be invaluable throughout the year.

Subsequent Capitated amendments are issued approximately every month to two months if there are changes. Back-up documentation cannot be run for each amendment. Each amendment will have a summary of changes with dates, names, effective dates, units. Also included will be an updated EXCEL spreadsheet with all Capitated information.

Band B and Band I changes happen quarterly. Band B/I will be added for Financial Manager if: consumer is enrolled in the waiver AND has an active, approved FY budget. Consumers will be terminated if waiver enrollment is lost, consumer moves, budget terminates, etc. Band B and I amendments come with schedules that show consumers who are included in the amendment.

For residential amendments: changes are based on actual move-in/move-out dates in CDSS. Band/level on approved ADT is what will be used. If a consumer is not showing up in the residence in CDSS, they are not there for contract purposes. Adjustments are never based on proposed dates or earliest possible date of move.

Vacancies are funded for 30 days after discharge. Outliers or enhanced staffing is terminated immediately. Funding Band/level is paid for 30 days IF bed is not filled. If a vacancy moves, the 30 days does not start over. If a consumer with a different band fills the vacancy, contract will be amended to reflect increase or decrease in funding.

Anytime there is a question about an amendment, and ADT, a funding band, a restoration or termination of a vacancy, etc. please call or email me and I will be more than happy to assist you.

Debra Leopard, Director of Contracts

dleopard@ddsn.sc.gov   803-898-9674

①
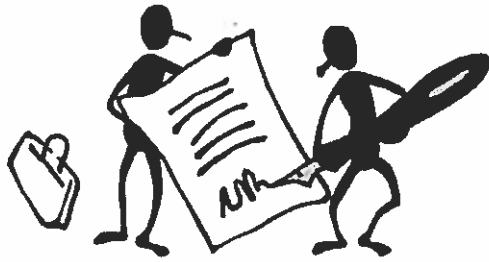
DDSN Contracts

Capitated

Non-Capitated (Family Support/Respite)

Early Intervention

Service Coordination

QPL Residential

SFH Residential

High Management Residential

Special HASCI Residential

Other Special Residential

Special Contracts

One-time Grants

Start-up Grants

Capital Grants

State Funded Community Supports

State Funded Follow Along

ICF/CRCF Lease Agreements

HIPAA Business Associates Agreements

Other

NEW Capitated Amendment Process

- Cover sheet with amendment number, effective date, total amendment amount and Total Band Award To and From

- Attachment A- spreadsheet with all Amounts/totals on Appendix A showing "From" "Change" and "To" amounts with brief descriptions and effective dates. All services and categories will be shown every time even if there is no change. Small Funding Band table included for reference. Amount on cover sheet will match the total at the bottom of the "change" column. This spreadsheet will be issued every time with updated totals.

- Attachment B- Amendment Summary. This spreadsheet will show all the calculations, names of consumers, dates, slots, names of residences, Bed fees/client fees, Bands, annualized amounts and residential/day units, etc. To follow calculation, take the annualized amount and divide by 366 (365 next year) and multiply times #of units.

Example: -$38,578/366*335= - $35,310. Each date of consumer coming in/out is listed separately.

Questions? dleopard@ddsn.sc.gov; contracts@ddsn.sc.gov

803-898-9674

(3)

ATTACHMENT A

Capitated Amendment #	2020-03
Provider	Any DSN Board
Effective Date	8/1/2019

I. Band Allocation:

		FROM		CHANGE		TO	Description	Effective
Band B Allocation	$	2,155,076			$	2,155,076		
Band B Outlier Award	$	63,849			$	63,849		
Band B Award	$	2,218,925			$	2,218,925		
Band C Allocation	$	732,982	$	(35,310)	$	697,672	J Adams in Respite- reduce C maintain funded Band H at Reagan; G Bush transfer to Reagan	8/1/2019; 9/11/19
Band C Award	$	732,982	$	(35,310)	$	697,672		
Band D Allocation	$	135,564	$	-	$	135,564		
Band D Award	$	135,564			$	135,564		
Band G Allocation	$	2,894,724	$	64,591	$	2,959,315	G Bush (G) filled Band H (Harrison)	9/11/2019
Band G Award	$	2,894,724	$	64,591	$	2,959,315		
Band H Allocation	$	3,269,277	$	(79,580)	$	3,189,697	G Bush (G) filled Band H (Harrison)	9/11/2019
Band H Outlier Allocation	$	105,042	$	-	$	105,042		
Band H Award	$	3,374,319	$	(79,580)	$	3,294,739		
Band I Allocation	$	1,354,050			$	1,354,050		
Band I Award	$	1,354,050			$	1,354,050		
Total Band Allocation	$	10,541,673	$	(50,299)	$	10,491,374		
Total Outlier Allocation	$	168,891	$	-	$	168,891		
Total Band Award	$	10,710,564	$	(50,299)	$	10,660,265		

Total Band Individuals

	FROM	CHANGE	TO
Band B Individuals	154		154
Band C Individuals	19	(1)	18
Band D Individuals	6		6
Band G Individuals	36	1	37
Band H Individuals	33	(1)	32
Band I Individuals	90		90
Total Band Individuals	338	(1)	337

II. Authorized Slots and Minimum Units

	FROM	CHANGE	TO
Adult Development Individuals	135	0	135
Adult Development Min Units	56,160	0	56,160
SLP II Individuals	20	(1)	19
SLP II Minimum Units	5,840	(268)	5,572
CTH I Individuals	-		-
CTH I Minimum Units	-		-
CTH III Individuals	68	0	68
CTH III Minimum Units	19,856	0	19,856
SLP I Individuals	6	0	6

FUNDING BANDS		7/1/2019	Outlier Cap
Band B	$	13,994	$ 37,013
Band C	$	38,578	
Band D	$	22,594	
Band E	$	26,780	
Band F	$	40,589	
Band G	$	80,409	
Band H	$	99,069	$ 125,802
Band I	$	15,045	
Band T	$	106,283	
Band R	$	105,511	
Day unit rate	$	27.50	

III. Community Residential Authorized Slots

CTH II

CTH II	FROM	CHANGE	TO
Buchanan	4		4
Cleveland	4		4
Clinton	4		4
Coolidge	4		4
Garrison	4		4
Harding	4		4
Jefferson	4		4
Johnson	4		4
Kennedy	4		4
Obama	4		4
Reagan	4		4
Taft	4		4
Taylor	4		4
Truman	4		4
Van Buren	4		4
Washington	4		4
Woodrow Wilson	4		4
Total CTH II	**68**		**68**

SLP II	FROM	CHANGE	TO
Dolly Madison	20	(1)	19

IV. Breakdown of Outlier/Carve-Outs:

Band B	FROM	CHANGE	TO
Anthony, Susan B.	$ 25,123		$ 25,123
Tubman, Harriett	$ 38,726		$ 38,726
Total Band B	**$ 63,849**	**$ -**	**$ 63,849**

Residential	FROM	CHANGE	TO
Hoover, Herbert	$ 64,317		$ 64,317
Tyler, James	$ 40,725		$ 40,725
Total Residential	**$ 105,042**		**$ 105,042**

	FROM	CHANGE	TO
Total Outliers	**$ 168,891**		**$ 168,891**

(9)

Amendment Summary												AMENDMENT # 2020-03
Fiscal Year: 2020												
Any DSN Board				Day	EFFECTIVE				FY	Residential	Day	
PGM	RESIDENCE	SLOTS	Day SLOTS	SLOTS	DATE	NAME	BAND	ANNUALIZED	AMOUNT	UNITS	Units	DESCRIPTION
12103 SLP II	Madison	-1		0	8/1/2019	Adams	C	$ (38,578)	$ (35,310)	(335)	0	Terminate Band C while in Respite
SLP II	Madison	1		0	9/11/2019	Adams	C	$ 38,578	$ 30,989	294	0	Restore upon return
SLP II	Madison	-1		0	9/11/2019	Vacant (Bush)	C	$ (38,578)	$ (30,989)	(294)	0	Termination of vacancy
Total SLP II								$ (38,578)	$ (35,310)	(335)	0	
CTH II	Reagan	-1		0	9/11/2019	Vacant (Harrison)	H	$ (99,069)	$ (79,580)	(294)	0	Band H vacancy
CTH II	Reagan	1		0	9/11/2019	G. Bush	G	$ 80,409	$ 64,591	294	0	Filled by Band G
Total CTH II								$ (18,660)	$ (14,989)	0	0	
Total		-1		0		Total All		$ (57,238)	$ (50,299)			

South Carolina Department of Disabilities and Special Needs
Residential Admission/Discharge/Transfer Report
2017TFR1234
[Approved by Cost Analysis]
Consumer Information

Consumer Information

Consumer Name: Doe, Jane (DOB)   **SC/EI Provider:** SC Company
Waiver Information: ID/RD (pending)   **Level of Care:** ID/RD (08/30/2016)

Basic Information

Type of Action: Transfer   **Participant in Multi-Consumer Move:** No
Proposed Residential Setting: CTH II   **Action Restrictiveness:** More

Date of Proposed Action: 10/12/2016   **Earliest Date of Action:** 10/12/2016
Date Placed on Critical Needs Waiting List: 9/1/2016   **Date Placed on Priority I Waiting List:**

Current Funding: C- SLP II   **Proposed Funding:** G- Low Needs Residential
Living With Aging Caregiver: No

Consumer Placement

Current Facility

Residential Provider: Any Provider
Facility Name: Happy SLP II
Facility Address: 1 Lexington Way, Lexington SC 29072
County: Lexington
District: 1
Program Number(s):
R5 100 1 (HAPPY SLP II)

Proposed Facility

Residential Provider: Any Provider
Facility Name: Cozy CTH II
Facility Address: 2 Columbia Way, Columbia, SC 29201
County: Richland
District: 1
Program Number:
R6 200 2 (Cozy CTH II)

Rationale

Residential Provider:
Ms. Doe need a more restrictive placement due to increased medical needs

District Office: Recommend approval due to decline in health.

Cost Analysis: Approved. More restrictive placement required.

(1)

South Carolina Department of Disabilities and Special Needs
Residential Admission/Discharge/Transfer Report
2016ADM1234
[Approved by Cost Analysis]
·Consumer Information

Consumer Information

Consumer Name: Doe, Jane (DOB)
Waiver Information: ID/RD (pending)

SC/EI Provider: SC Company
Level of Care: ID/RD (08/30/2016)

Basic Information

Type of Action: Admission
Proposed Residential Setting: SLP II

Participant in Multi-Consumer Move: No
Action Restrictiveness: NA

Date of Proposed Action: 10/12/2016
Date Placed on Critical Needs Waiting List: 9/1/2016

Earliest Date of Action: 10/12/2016
Date Placed on Priority I Waiting List:

Current Funding:
Living With Aging Caregiver: No

Proposed Funding: 06- QPL SLP II Daily

Consumer Placement

Current Facility

Residential Provider: Any Provider
Facility Name: Happy SLP II
Facility Address: 1 Lexington Way, Lexington SC 29072
County: Lexington
District: 1
Program Number(s):
R5 100 1 (HAPPY SLP II)

Rationale

Residential Provider:
Ms. Doe is on Critical Needs list. In need of residential placement due to aging caregiver

District Office: Recommend approval. On CNL

Cost Analysis: Approved. CNL.

(8)

South Carolina Department of Disabilities and Special Needs
Residential Admission/Discharge/Transfer Report
2017ADM1234
[Approved by Cost Analysis]
Consumer Information

Consumer Information

Consumer Name: Doe, Jane (DOB)
Waiver Information: ID/RD

SC/EI Provider: SC Company
Level of Care: ID/RD (08/30/2016)

Basic Information

Type of Action: Discharge
Proposed Residential Setting: NA

Participant in Multi-Consumer Move: No
Action Restrictiveness: NA

Date of Proposed Action: 10/12/2016
Date Placed on Critical Needs Waiting List: 9/1/2016

Earliest Date of Action: 10/12/2016
Date Placed on Priority I Waiting List:

Current Funding: G-Low Needs Residential

Proposed Funding: NA

Consumer Placement

Current Facility

Residential Provider: Any Provider
Facility Name: Happy CTH II
Facility Address: 1 Lexington Way, Lexington SC 29072
County: Lexington
District: 1
Close residential Address: No

Rationale

Residential Provider:
Ms. Doe is moving home to live with her sister.

District Office: Recommend approval.

Cost Analysis: Approved.

⑨

QPL Provider Appendix A-6   Amend #2   20173956

Consumer	Last four digits SSN	Begin Date	End Date	Days	Leave Days	Approved Rate
Adams, John	1111	7/1/2016	6/30/2017	365	72	$168.67
Anthony, Susan B.	2222	7/1/2016	6/30/2017	365	72	$225.75
Cleveland, Grover	3333	7/1/2016	6/30/2017	365	72	$168.67
Franklin, Benjamin	4444	7/1/2016	6/30/2017	365	72	$136.02
Madison, Dolly	5555	7/1/2016	12/30/2016	182	36	$225.75
Roosevelt, Teddy	6666	7/1/2016	6/30/2017	365	72	$168.67
Ross, Betsy	7777	7/1/2016	6/30/2017	365	72	$80.83
Taylor, Zachary	8888	10/1/2016	6/30/2017	273	55	$168.67
Washington, George	9999	7/1/2016	6/30/2017	365	72	$168.67

I. Band Allocation

Band	Number of Individuals	Band Allocation	Outlier Allocation	Total Band Award
A				
B	50	649,500	75,000	724,500
C	14	443,324	-	443,324
D	12	234,816		234,816
E	0	-		-
F	0	-		-
G	33	2,031,579		2,031,579
H	56	4,614,288	125,698	4,739,986
I	67	912,004		912,004
Z	0			-
Totals	232	8,885,511	200,698	9,086,209

TOTAL FUNDING   9,086,209

II. AUTHORIZED SLOTS AND MINIMUM REQUIRED UNITS

Service/Program Name	Number of slots	Minimum Units
Adult Development	150	62,400
Job Coach	0	
CRCF	15	4,380
CTH I	0	0
CTH II	60	17,520
SLP I	12	-
SLP II	14	4,088
ICF/IDD	15	4,928

(11)

III.   **COMMUNITY RESIDENTIAL AUTHORIZED SLOTS:**

CRCF

Residence Name	Number of Slots
Main St	7
Fifth St	8
	15

CTH II

Residence Name	Number of Slots
Broad St	4
First St	4
Hampton Court	4
Happy Town	4
Jefferson Lane	4
Johnson Rd	4
Jones	4
North East	4
Pine St	4
Richland NE	4
Second St	4
Smith	4
South West	4
Third St	4
Washington Ave	4
	60

ICF/Mgt

Residence Name	Number of Slots	Client Fee	Bed Fee
Holly Leaf	7		
Oak Cluster	8		
	15 $	97,604	$ 46,377

SLP II

Residence Name	Number of Slots
Hills Condo	7
Valley Apts	7
	14

IV   **BREAKDOWN OF OUTLIER/CARVEOUTS:**

Band B

NAME	SSN	AMOUNT	
Adams, John	1111	$	25,000
Jefferson, Thomas	2222	$	24,000
Washington, George	3333	$	26,000
TOTAL BAND B		$	75,000

RESIDENTIAL

NAME	SSN	AMOUNT	
Buchanan, James	4444	$	60,000
Cleveland, Grover	5555	$	5,698
Taft, William H.	6666	$	30,000
Wilson, Woodrow	7777	$	30,000
TOTAL RESIDENTIAL		$	125,698
TOTAL OUTLIER/CARVE-OUTS:		$	200,698

13

VACANCY	Program	Band	Date	Description
Washington	CTH II	H	8/15/2016	John Smith, Band H moves to Nursing Facility
Jefferson	CTH II	G	8/20/2016	Randy Jones, Band G moves to Washington CTH II
Adams	CRCF	H	8/27/2016	Alexander Hamilton, Band H moves to Jefferson

Vacancy terminated on 9/14/16	at Adams CRCF	at Band H	Vacancy will be restored upon admission of new consumer

VACANCY	Program	Band	Date	Description
Tyler	CTH II	H	11/1/2016	Aaron Burr, H moved out of state
Hoover	ICF	H	11/15/2016	Ronald Reagan, H moved to Tyler CTH II
Kennedy	CTH II	H	11/20/2016	M VanBuren, H moved to Kennedy CTH II
Kennedy	CTH II	H	12/15/2016	Jimmy Carter, H moved in from Critical Needs list

Vacancy only reduced for 15 days	Band H

VACANCY	Program	Band	Date	Description
Taylor	SLP II	C	1/5/2017	Andrew Jackson, C moved home
Taylor	SLP II	C	1/15/2017	Rutherford Hayes, C moved in from CNL

No loss of funding	No amendment

VACANCY	Program	Band	Date	Description
Pierce	CTH II	H	12/16/2016	James Garfield, Band H passed away
Coolidge	CTH II	G	12/25/2016	Chester Arthur, Band G moved to Pierce CTH II
Coolidge	CTH II	H	2/25/2017	Benjamin Harrison, Band H moved in from CNL

Vacancy terminated 1/15/17 at Coolidge	Band H	Restored effective 2/25/17 at Band H

VACANCY	Program	Band	Date	Description
Lincoln	CTH II	G	1/1/2017	Harry Truman, G moves to Regional Center
Lincoln	CTH II	H	1/15/2017	Gerald Ford, H moves in from CNL

Amendment for difference between Band G and Band H	1/15/2017

(14)

ID/RD WAIVER (BAND B) CHANGES FOR FISCAL YEAR 2017
ACTIVITY FOR THE MONTHS OF JULY-OCTOBER 2016

SSN	NAME	START DATE	END DATE	Days	BAND AMT	DOLLAR	DAY PROGRAM	TOTAL UNITS	MINIMUM UNITS	NOTES
INCREASES										
xxx-xx-1234	Bush, George	11/1/2016	6/30/2017	242	12,990	8,613			0	New to Waiver
xxx-xx-4321	Harrison, William H.	7/1/2016	6/30/2017	365	12,990	12,990			0	Budget added
xxx-xx-5454	Wilson, Woodrow	7/14/2016	6/30/2017	352	12,990	12,527			0	New to Waiver
			INCREASE TOTAL			34,130				
DECREASES										
xxx-xx-2323	Grant, Ulysses S.	7/1/2016	10/20/2016	(254)	12,990	(9,040)	(1)	(362)	(290)	Terminated
			DECREASE TOTAL			(9,040)				
			GRAND TOTAL			25,090				

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SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
FY 2020 STATEWIDE INDIVIDUAL FUNDING LEVELS - EFFECTIVE JULY 1, 2019
ADJUSTED RATES FOR $1 DIRECT CARE PAY RATE INCREASE, COMPRESSION INCREASE, RETIREMENT AND HEALTH INCREASES, AND 2% COLA
(Pay Increase funding amounts include fringe benefits cost at 27%)

		Initial FY 19 Funding	$1 Direct Care Increase	Compression Increase	Retirement and Health Increase	2% Salary Increase	Revised Funding Bands eff. 7/1/19	
Band B	At Home - IDRD Waiver	$ 13,639	$ 185	$ 29	$ 57	$ 84	$ 13,994	Band B
Band C	Supported Residential - SLP II	$ 35,969	$ 1,436	$ 198	$ 395	$ 580	$ 38,578	Band C
Band D	Supported Residential - SLP I	$ 21,373	$ 599	$ 105	$ 210	$ 307	$ 22,594	Band D
Band E	Supported Residential - CTH I	$ 25,847	$ 413	$ 88	$ 175	$ 257	$ 26,780	Band E
Band F	Supported Residential - Enhanced CTH I	$ 39,642	$ 383	$ 95	$ 190	$ 279	$ 40,589	Band F
Band G	Residential Low Needs	$ 73,106	$ 4,257	$ 515	$ 1,026	$ 1,505	$ 80,409	Band G
Band H	Residential High Needs	$ 92,361	$ 3,895	$ 475	$ 948	$ 1,390	$ 99,069	Band H
Band I	At Home - Community Supports Waiver	$ 14,541	$ 263	$ 41	$ 81	$ 119	$ 15,045	Band I
Band R	Residential Placement from Regional Centers	$ 101,822	$ 2,112	$ 267	$ 531	$ 779	$ 105,511	Band R
Band T	ICF Residential	$ 99,447	$ 3,778	$ 517	$ 1,030	$ 1,511	$ 106,283	Band T

Residential Band H - Outlier Cost Threshold	$ 125,802
Residential Band R does not qualify for outlier status.	N/A
At Home Band B - Outlier Cost Threshhold	$ 37,013

Day Rate - 7/1/19 Original	$ 13,436	SFCS Cap - 7/1/19 Original	$ 15,103
Direct Care Increase	$ 451	Direct Care Increase	$ 333
Compression Increase	$ 70	Compression Increase	$ 52
Retirement and Health Increase	$ 140	Retirement and Health Increase	$ 103
Salary Increase	$ 205	Salary Increase	$ 151
Day Rate - 7/1/19 Revised	$ 14,302	SFCS Cap - 7/1/19 Revised	$ 15,742
Unit Rate	$ 27.50		

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS **Issue Date**
QPL RATE CHANGE EFFECTIVE JULY 1, 2019 **09/18/19**
ADJUSTED RATES FOR $1 DIRECT CARE PAY RATE INCREASE, COMPRESSION INCREASE, RETIREMENT AND HEALTH INCREASES, AND 2% COLA

	Unit	Initial FY 19 Funding	$1 Direct Care Increase	Compression Increase	Retirement and Health Increase	2% Salary Increases	Revised Rates eff. 7/1/19	Rate Increase	Unit
Residential High Needs - CRCF/CTH II	Daily	$ 249.09	$ 9.59	$ 1.17	$ 2.32	$ 3.41	$ 265.58	$ 16.49	Daily
Residential Low Needs - CRCF/CTH II	Daily	$ 196.35	$ 10.58	$ 1.28	$ 2.54	$ 3.72	$ 214.47	$ 18.12	Daily
Residential - HASCI CTH II	Daily	$ 254.20	$ 5.89	$ 0.71	$ 1.42	$ 2.08	$ 264.30	$ 10.10	Daily
Supported Residential - SLP II	Daily	$ 91.49	$ 3.93	$ 0.54	$ 1.08	$ 1.59	$ 98.63	$ 7.14	Daily
Supported Residential - SLP I	Monthly	$1,487.46	$ -	$ -	$ 17.50	$ 25.58	$1,530.54	$ 43.08	Monthly
Supported Residential - CTH I	Monthly		$ -	$ -	$ -	$ -			Monthly
Supported Residential - Enhanced CTH I	Monthly	$2,489.73	$ -	$ -	$ 14.58	$ 21.42	$2,525.73	$ 36.00	Monthly
Day Supports	Half Day	$ 25.84	$ 0.87	$ 0.13	$ 0.27	$ 0.39	$ 27.50	$ 1.66	Half Day
Supported Employment - Individual	Hour	$ 70.58	$ -	$ -	$ 0.41	$ 0.60	$ 71.59	$ 1.01	Hour
Respite	Hour	$ 11.30	$ -	$ -	$ -	$ -	$ 11.30	$ -	Hour
Personal Care 1	15 Minutes	$ 3.50	$ -	$ -	$ -	$ -	$ 3.50	$ -	15 Minutes
Adult Companion	Hour	$ 11.26	$ -	$ -	$ -	$ -	$ 11.26	$ -	Hour

DocuSign Instructions

Effective immediately, DDSN Contracts will be utilizing a new delivery system, DocuSign, for all contracts and amendments. You will not need to purchase the system or incur any cost to utilize the system. You will receive TWO emails from *DDSN Contracts via DocuSign* with a link to review and sign the contract document. The first email is a link for the Executive Director's review and signature. Once the Executive Director has signed the document, it will prompt you to forward for the next signature. A second email will be sent to you for you to obtain the witness signature. You will need to assign this signature to your desired witness. Please follow the below steps to complete the process:

For the Executive Director Signature:

1. Open the email from DocuSign and click "REVIEW DOCUMENT"
2. Review the contract document
3. Agree to the Electronic Record and Signature Disclosure and click "Continue"
4. Click "Signature" (If you have never used DocuSign before, you will be prompted to create a signature for your account)
5. Click "Finish" at the top of the page to send the completed document to the next step

For the Witness Signature:

1. You will receive another email from the system
2. Open this email from DocuSign and click "REVIEW DOCUMENT"
3. Click "OTHER ACTIONS" at the top of the page and select "Assign to Someone Else"
4. Enter the requested information for the witness
5. An email will then be sent to your witness
6. They will open the email from DocuSign and click "REVIEW DOCUMENT"
7. Review the contract document
8. Agree to the Electronic Record and Signature Disclosure and click "Continue"
9. Click "Signature" (If you have never used DocuSign before, you will be prompted to create a signature for your account)
10. Click "Finish" at the top of the page to send the completed document to the next step

Once your witness has signed the document, it will be forwarded to DDSN for signatures. After all parties have signed the document, an email with a link to review the completed document will be immediately sent back to you by DocuSign. Please make sure you save an electronic copy and/or print a copy of the contracts for your files.

Self-help videos can be located at this link if you need additional assistance:

https://support.docusign.com/en/videos

Note: the link to the signed documents will expire after a period of time so make sure you save or print a copy for your records.

Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy
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Associate State Director
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SOUTH CAROLINA
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AND
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Reference Number:	250-09-DD
Title of Document:	Calculation of Room and Board for Non-ICF/IID Programs
Date of Issue:	May 1, 2009
Effective Date:	July 1, 2014
Last Review Date:	October 31, 2017
Date of Last Revision:	October 31, 2017 **(REVISED)**
Applicability:	All DSN Boards, All Financial Managers, All Contracted Residential Service Providers.

I.   PURPOSE

The purpose of this document is to state policy and procedures for calculating room and board charges for DDSN non-ICF/IID programs and applying consumers' income toward room and board.

II.   POLICY

All DSN Boards and QPL Residential Service Providers must establish an official policy for charging consumers for the cost of room and board. This policy must address at a minimum both applying consumers' income toward the cost of room and board and the determination of the room and board charge. The monthly charge must be fair and equitable. In no circumstance may the charge for room and board exceed the actual cost of room and board.

DSN Boards and QPL Residential service Providers will review their room and board costs and room and board charges at least on an annual basis.

Room and board calculations will be based on the previous fiscal years audited financial statements. Room and Board calculations must be submitted to the Cost Analysis Division 90 days after the end of the provider's fiscal year.

All room and board calculations and any subsequent changes to the policies must be submitted on one of the attached worksheets in excel format (no PDF files will be accepted), and approved by the Director of Cost Analysis or his/her designee.

DISTRICT I
P.O. Box 239
Clinton, SC 29325-5328
Phone: (864) 938-3497

Midlands Center - Phone: 803/935-7500
Whitten Center - Phone: 864/833-2733

9995 Miles Jamison Road
Summerville, SC 29485
Phone: 843/832-5576

DISTRICT II
Coastal Center - Phone: 843/873-5750
Pee Dee Center - Phone: 843/664-2600
Saleeby Center - Phone: 843/332-4104

III.   PROCEDURES

1.   Calculating Room and Board

Consumer Income

Both unearned and earned income can be applied toward the cost of room and board. Consumers must retain the required minimum of $50 of unearned income per month and a minimum of 50% of earned income per month.

2.   HUD Facilities

RENT: No rent costs are included in the calculation for HUD facilities. HUD determines the "contract rent" for a HUD facility based on the costs of the HUD Corporation as submitted to HUD on Budget Worksheet HUD-92547-A.

BOARD: For the "board" portion, the residential service provider may average the "board" costs across all HUD properties. The "board" costs are on the books of the residential service provider and will be limited to food, household supplies, and administration allocation.

3.   Non-HUD Facilities

Community Residential Care Facilities (CRCF) and Community Training Home II (CTH-II)

The room and board charge may be residence specific or an average of all similar residences. For example: all CTH-II's in a specific geographical area.

For non-HUD facilities, the residential service provider will calculate both the room (rental) component and board component of room and board.

Room and Board charges to a consumer may not exceed the actual cost of room and board. Use of average costs fulfills this requirement.

Examples of cost categories to consider:

Food	Water	Cable/Satellite Television
Telephone (consumer use)	Exterminating	Furnishings
Electricity	Trash Removal	Household Supplies
Property taxes and insurance	Yard Maintenance	
Maintenance (contractual and supplies)	Rental Charge - only depreciation and interest expenses may be used.	

Additional Costs: The cost of additional services consumers may request (e.g., separate telephone lines, cell phone and plans, or special cable services) will be the responsibility of the individual consumers in addition to the basic room and board charge.

4.   Supplemental Nutrition Assistance Program (SNAP)

For consumers receiving SNAP, the amount of their individual SNAP benefit must be deducted from each individual's room and board charge before applying their income toward the approved room and board charge.

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October 31, 2017
Page 3

5.   <u>Supervised Living I and II</u>

Consumers in these programs will be responsible for their own rent, utilities, food, furnishing, and household suppliers. The following cost elements will be included in the SLP-I/II rent charges for those consumers living in agency-owned housing:

- Rental charge based on depreciation expense or mortgage expense for provider owned units. Actual rental charge must be used for individually rented units.

- Maintenance of residence and grounds.

- Property taxes and insurance.

- Pest Control.

6.   <u>Community Training Home I (CTH-I)</u>

CTH-I consumers must retain a minimum of $50.00 of unearned income and 50% of earned income. The remainder of their monthly benefits can be applied to room and board as long as the amount does not exceed the HUD published Fair Market Rental (FMR) for the county in which they reside.

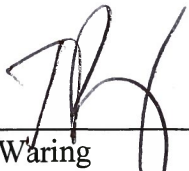7.   <u>Allocation of Administrative Costs</u>

A portion of administrative costs must be allocated to room and board. The costs can only be allocated to costs actually incurred by the board/provider. To calculate percentage, divide total administrative costs by total organization operation costs.
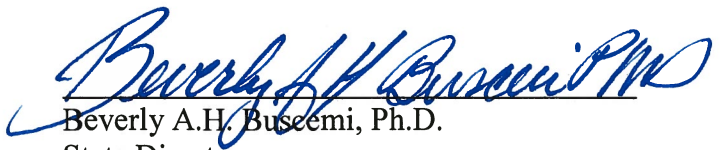
8.   <u>Other Items</u>

Room and Board rates should not be approved by the local Board of Directors until DDSN has reviewed and approved the rates.

DDSN reserves the right to adjust and approve rates based on the most recent audit.

Attached is a sample residential lease agreement which can be used to comply with DDSN Residential Standard RH 2.6. (see Attachment C).

Tom Waring
Associate State Director-Administration
Administration (Originator)

Beverly A.H. Buscemi, Ph.D.
State Director
(Approved)

To access the following attachments, please see the agency website page "Attachments to Directives" under this directive number at <u>http://www.ddsn.sc.gov/about/directives-standards/Pages/AttachmentstoDirectives.aspx</u>.

Attachment A: Calculating Room and Board Example (Non-HUD Property)
Attachment B: Calculating Room and Board Example (HUD Property)
Attachment C: Sample Lease Agreement

ATTACHMENT A: CALCULATING ROOM AND BOARD EXAMPLE: NON-HUD FACILITIES

ABC Residential Services

Computation of Room & Board Costs for CTH II Consumers Based on 6/30/15 Audited Financial Statements

For the Calendar Year beginning 1/1/16

Cost	Park CTH II	River CTH II	Meadow CTH II	Total
Food	6,735	7,442	7,594	21,771
Telephone	1,140	1,517	1,179	3,836
Electricity	3,161	3,679	5,320	12,160
Water	526	1,371	2,335	4,232
Exterminating	240	522	414	1,176
Cable/Satellite TV	497	620	938	2,055
Maintenance - contractual and supplies	4,658	5,094	5,001	14,753
Yard Maintenance	1,163	1,163	1,163	3,489
Household supplies	1,392	1,681	2,270	5,343
Furnishings	322	429	425	1,176
Property Insurance	913	957	106	1,976
Interest Expense - Mortgage	-	-	-	-
Building Depreciation	2,407	1,918	1,007	5,332
Subtotal	$ 23,154	$ 26,392	$ 27,753	$ 77,298
Administration (Percentage below x Subtotal)	1,665	1,898	1,996	5,560
				-
Total Annual Cost	$ 24,819	$ 28,290	$ 29,749	$ 82,858
Total Monthly Cost	$ 2,068	$ 2,358	$ 2,479	$ 6,905
Number of residents	4	4	4	12
Monthly room & board per resident	$ 517.06	$ 589.39	$ 619.76	$ 575.40
Room and Board Charge set at:				**$ 575**

Calculation of Administration Costs

Total Board Operation Costs from Audit		$ 6,286,007	*	
Total Costs From Admin Cost Center		$ 452,133		
Allowable Admin Percentage		7.19%		

Applying Income to Room and Board

Room and Board Charge		$ 575		
LESS: SNAP Benefits		$ (100)		
Maximum Room and Board that can be charged		**$ 475**		

(Amount resident pays cannot exceed Approved Room and Board Charge)

* Entries are for illiustration only -- Use the actual data from Audited Financial Statements.

ATTACHMENT B: CALCULATING BOARD EXAMPLE: HUD FACILITIES

Acme Residential Services

Computation of Board Costs for CTH II Consumers Based on 6/30/15 Audited Financial Statements

For the Calendar Year beginning 1/1/16

Cost	Cardinal CTH II	Owl CTH II	Total
Food	9,084	9,080	18,164
Cable/Satellite TV	-	-	-
Household supplies	2,827	2,816	5,643
Subtotal	$ 11,911	$ 11,896	$23,807
Administration (Percentage below x Subtotal)	857	856	1,712
			-
Total Annual Cost	$ 12,768	$ 12,752	$25,519
Total Monthly Cost	$ 1,064	$ 1,063	$ 2,127
Number of residents	4	4	8
Monthly room & board per resident	$ 265.99	$ 265.66	$265.83
Room and Board Charge set at:			**$ 266**

Calculation of Administration Costs

Total Board Operation Costs from Audit		$ 6,286,007	*
Total Costs From Admin Cost Center		$ 452,133	
Allowable Admin Percentage		7.19%	

Applying Income to Board

Board Charge		$ 266	
LESS: SNAP Benefits		$ (100)	
Maximum Board that can be charged		**$ 166**	

(Amount resident pays residential service provider cannot exceed the approved Board Charge)

* Entries are for illustration only -- Use the actual data from Audited Financial Statements.